CONSUMER SERVICES REVIEW
FOR A CHILD AND FAMILY

A REUSABLE PROTOCOL FOR EXAMINATION OF MENTAL HEALTH SERVICES FOR A CHILD AND FAMILY

INITIAL FIELD USE VERSION-1B

DEVELOPED FOR

THE INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION,
DIVISION OF MENTAL HEALTH AND ADDICTION

BY

HUMAN SYSTEMS AND OUTCOMES, INC.

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CONSUMER SERVICES REVIEW FOR CHILDREN AND FAMILIES

This protocol is designed for use in a case-based Quality Service Review (QSR) process developed by Human Systems and Outcomes, Inc. (HSO). It is used for: (1) appraising the current status of a child identified with special needs (e.g., a child with a serious emotional disorder) in key life areas, (2) status of the parent/caregiver, (3) recent progress made by the child, and (4) performance of key system of care practices for the same child and family. The protocol examines recent results for children with special needs and their caregivers and the contribution made by local service providers and the system of care in producing those results. Review findings will be used by local agency leaders and practice managers in stimulating and supporting efforts to improve practices used for children and youth who are receiving services in a local system of care.

These working papers, collectively referred to as in Indiana as the *Consumer Services Review Protocol*, are used to support a professional appraisal of child status and system of care performance for individual children and their caregivers in a specific service area and at a given point in time. This protocol is not a traditional measurement instrument designed with psychometric properties and should not be taken to be so. Localized versions of such protocols are prepared for and licensed to child-serving agencies for their use. These tools and processes are based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of HSO.

Proper use of the *Consumer Services Review Protocol* and other QSR processes requires reviewer training, certification, and supervision. Supplementary materials provided during training are necessary for reviewer use during case review and reporting activities. Persons interested in gaining further information about this process may contact an HSO representative at:

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INTRODUCTION TO THE CONSUMER SERVICE REVIEW PROTOCOL

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Listed below is the table of contents for this CSR protocol. In addition to these materials, reviewers are provided a set of additional working papers that are used for reference and job aids used for particular tasks conducted during the review.

INTRODUCTION TO THE CONSUMER SERVICE REVIEW PROTOCOL

A FOCUS ON PRACTICE AND RESULTS

The CSR protocol uses an in-depth case review method and practice appraisal process to find out how children and their families are benefiting from services received and how well locally coordinated services are working for children and families. Each child/family served is a unique "test" of the service system. Samples of children are reviewed to determine child and parent/caregiver status, recent progress, and related system practice and performance results.

QUESTIONS EXPLORED VIA CSR

Questions about how children and families are doing include:

- Is the child safe from manageable risks of harm caused by others or by him/herself? Is the child in a safe, stable home?
- Are the child's basic physical and health needs met?
- Is the child doing well in school? Making academic progress?
- Is the child doing well emotionally and behaviorally?
- Are the parents/caregivers able and willing to assist, support, and supervise the child reliably on a daily basis?
- Is the child making progress in key life areas and are parents/caregivers satisfied with services being received?

Positive answers to these questions show that children and families served and service providers are doing well. When negative patterns are found, improvements can and should be made to strengthen frontline practice, local services, and results.

Questions about how well the service system is working include:

- Do the child's parents/caregivers, clinicians, teachers, and service providers share a "big picture" understanding of the child and family situation and their strengths and needs so that sensible supports and services can be planned?
- Do these "practice partners" share a long-term view of how services will enable the child and family to function successfully in their daily settings (e.g., home and school)?
- Does sensible service planning select strategies and organize interventions, supports, and services necessary to bring about improved functioning and well-being?
- Are the strategies, supports and services provided in a timely, competent, and culturally appropriate manner?
- Are services integrated across providers and settings to achieve positive results for the child while strengthening the functional capacities of the family?
- Are the child's caregivers getting the training and support necessary for them to be effective parents while keeping the home safe and stable for the children?
- Are the child and family's services being coordinated effectively across settings, providers, and agencies?
- Are the supports and services provided reducing any risks and improving safety and family functioning? Is a sustainable support network being built with and for the family?
- Are services and results monitored frequently with services modified to reflect changing needs and life circumstances? Are services effective in improving well-being and functioning while reducing risks of poor outcomes?

CSR provides a close-up way of seeing how individual children and families are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to results.

WHAT'S LEARNED THROUGH THE CSR

The CSR involves case reviews, observations, and interviews with key stakeholders and focus groups. Results provide a rich array of learnings for next step action and improvement. These include:

- Detailed stories of practice and results and recurrent themes and patterns observed across children and families reviewed.
- Deep understandings of contextual factors that are affecting daily frontline practice in the agencies being reviewed.
- Quantitative patterns of child and family status and practice performance results, based on key measures.
- Noteworthy accomplishments and success stories.
- Emerging problems, issues, and challenges in current practice situations explained in local context.
- Monitoring reports revealing the degree to which important requirements are being met in daily frontline practice.
- Critical learning and input for next-step actions and for improving program design, practice models, and working conditions for frontline practitioners.

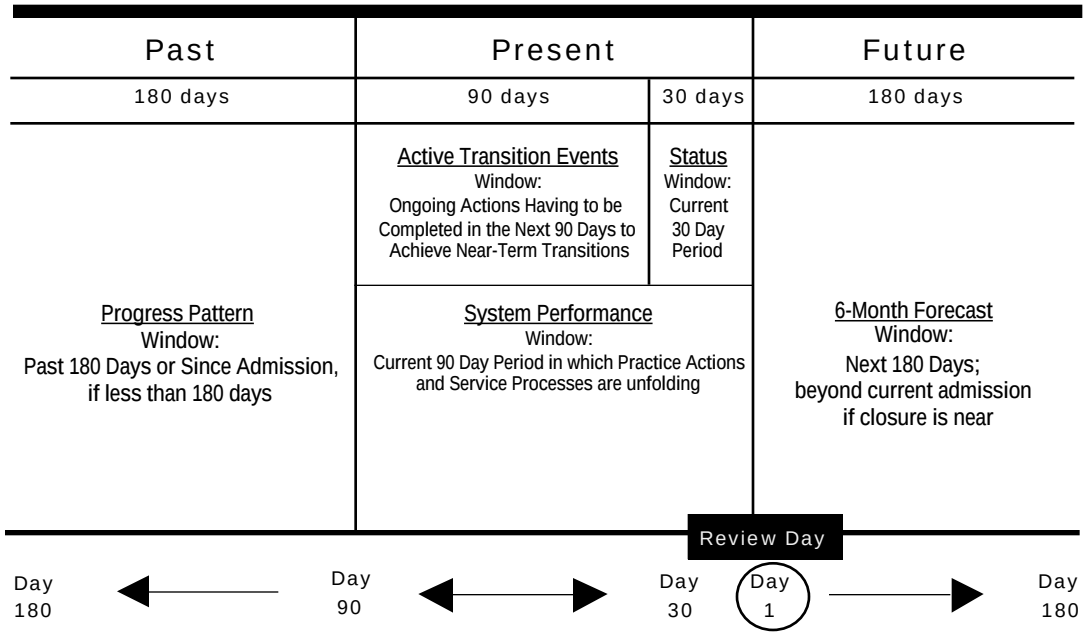
INTRODUCTION TO THE CONSUMER SERVICE REVIEW PROTOCOL

GENERAL INFORMATION

Persons using this protocol should have completed the classroom training program (12 hours). Candidate reviewers should be using the protocol in a shadowing/mentoring sequence involving two consecutive case review situations conducted in the field with an inter-rater agreement check made with the second case. The trainee's first case analysis and ratings, feedback session with front-line staff, oral case presentation, and first case write-up should be coached by a qualified mentor. With the recommendation of the mentor, trainees who have successfully completed these steps will be granted review privileges on a review team under the supervision of the team leader and the case judge who approves written reports. Trainees may be certified after three successful reviews and successfully meeting the rating standards set by the expert review panel on the certification simulation. Any other users of this protocol should be certified reviewers. Users of this protocol should remember the following points:

- The case review made using this protocol is a *professional appraisal* of the: (1) status of a focus child and parent/caregiver on key indicators; (2) recent progress made on applicable change indicators; and (3) adequacy of performance of essential service functions for that child and parent/caregiver. Each focus child served is a unique and valid point-in-time "test" of frontline practice performance in a local system of care.
- Reviewers are expected to use *sound professional judgment, critical discernment of practice*, and *due professional care* in applying case review methods using this protocol and in developing child status, recent progress, and practice performance findings. Conclusions should be based on objective evaluation of pertinent evidence gathered during the review.
- Reviewers are to apply the following timeframes when making ratings for indicators: (1) child and parent/caregiver status ratings should reflect the dominant pattern found over the past 30 days; (2) progress pattern ratings on applicable items should reflect change occurring over the past 180 days (or since admission if less than 180 days); and (3) service system practice and performance item ratings should reflect the dominant pattern/flow over the past 90 days. [See display provided below.]
- Apply the *6-point rating scale* for status, progress and practice performance for each examination. Mark the appropriate ratings in the protocol, then transfer the ratings to the CSR Profile Sheet also referred to as the "roll-up sheet."
- IT IS IMPERATIVE THAT REVIEWERS "CALL IT AS THEY SEE IT" and reflect their *honest and informed appraisals* in their ratings and report summary. When a reviewer mentions a concern about a participant in the oral debriefing, that same problem should be reflected in the

Timeframes of Interest in Case Reviews



INTRODUCTION TO THE CONSUMER SERVICE REVIEW PROTOCOL

reviewer's ratings in the protocol examination booklet and noted in the written summary.

- Report any *risks of harm* or possible abuse/neglect to the review team leader immediately. The reviewer and team leader will identify appropriate authorities and report the situation.

- If, while reviewing the case record material and conducting the interviews, the reviewer determines the *need to interview an individual not on the review schedule*, the reviewer should request that the interview be arranged, if possible. It may be possible to arrange a telephone interview when a face-to-face interview cannot be made.

- *Before beginning your interviews*, read the participant's service plan(s); any psychological, psychiatric; court documents; and recorded progress notes for at least the past 90 days. Make notes for yourself of any questions you have from your record review, and obtain the answers during your interviews from the relevant person(s). You may have questions that need to be answered by the caseworker/care coordinator before you begin your interviews.

- Gather information for the *demographic section* of the protocol from the caseworker and records. Be sure to note medications; diagnoses; and any chronic health, mental health, or behavioral problems that require special care.

- Thoroughly complete the *examination section* of the protocol. Be sure each summative question rating matches the rating you enter on the CSR Profile Sheet.

- The *written case summary* in the protocol should be organized by section and submitted electronically. Please write in complete sentences. Do not use proper names. For example, use "the person" instead of "Mary", "the caseworker" instead of "Ms. Smith." If you rate any examination as inadequate (i.e., rating of 1-3), please explain this in the written summary. Use the case write-up section as the structure for presenting your cases during the oral debriefing.

- The completed *Profile Sheet* and the *Agreement Check* for the case assigned to the reviewer MUST be given to the review team leader at the announced day and time so that the information can be used to "roll-up" results for the sample and site. Check the review schedule for the week to determine when these items are due to the team leader. If the reviewer is directed to fax the roll-up sheet(s) to HSO for processing, the fax number to be used is 850/422-8487.

- The *written case summary* MUST be returned to the CSR Coordinator not later than the Friday of the week following the field-work activities. The report should be be emailed. Also, turn in the interview schedule for each case. Please indicate on the schedule if a planned interview was not done and the reason; for example, cancellation, no-show, could not find the location.

RATING SCALE LOGIC

The general rating scale logic is displayed in the graphic on the next page.

ORGANIZATION OF THIS PROTOCOL BOOKLET

This protocol booklet is organized into the following sections:

- **Introduction**: This first section of the protocol provides a basic explanation of the review process and protocol design.

- **Child and Family Status Indicators**: The second and third sections provide the ten child status indicators and four parent/caregiver indicators used in the review.

- **Child Progress Indicators**: The fourth section provides seven child progress indicators used in the review.

- **Practice Performance Indicators**: The fifth section provides ten practice indicators used in the review.

- **Overall Patterns**: The sixth section provides the working papers that the reviewer uses to determine the overall patterns for the child and family domain, progress domain, and practice performance domain. In addition, this section includes the instructions for making the six-month forecast.

- **Reporting Outlines**: The seventh section provides the outlines that reviewers are to use in developing and presenting the ten-minute oral summary of case findings and the written summary report to be submitted following the review.

- **Appendices,** the eight section provides:

  1) **Advance Information Packet**: This section provides an advance packet of information about the child and family and their service situation that is completed by the care coordinator, case manager, or therapist responsible for coordinating services for this child and family. This information is prepared in advance of the onsite review and provided to the reviewer to use when beginning the CSR process.

  2) **CSR Data Profile or "Roll-Up Sheet:"** This section provides a copy of the roll-up sheet to be completed and submitted by the reviewer for each case reviewed.

CSR Interpretative Guide for Child & Caregiver Status

Maint. - Green Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

6 = **OPTIMAL STATUS**. The best or most favorable status presently attainable for this child/caregiver in this area [taking age and ability into account]. The child/caregiver are doing great! Confidence is high that long-term goals or expectations will be met in this area.

5 = **GOOD STATUS**. Substantially and dependably positive status for the child/caregiver in this area with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in area. Status is "looking good" and likely to continue.

Acceptable Range: 4-6

Refine. - Yellow Zone: 3-4

Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.

4 = **FAIR STATUS**. Status is minimally or temporarily sufficient for the child/caregiver to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.

3 = **MARGINAL STATUS**. Status is marginal or mixed and not quite sufficient to meet the child/caregiver's short-term objectives now in this area. Status now is not quite enough for the child/caregiver to be satisfactory today or successful in the near-term. Risks are minimal.

Improve. - Red Zone: 1-2

Status is now problematic or risky. Quick action should be taken to improve the situation.

2 = **POOR STATUS**. Status continues to be poor and unacceptable. The child/cargiver seems to be "stuck" or "lost" and status is not improving. Risks are mild to moderate.

1 = **ADVERSE STATUS**. Child/caregiver status in this area is poor and getting worse. Risks of harm, restriction, separation, regression, and/or other poor outcomes are substantial and increasing.

Unacceptable Range: 1-3

CSR Interpretative Guide for Practice Performance

Maint. - Green Zone: 5-6

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

6 = **OPTIMAL PERFORMANCE**. Excellent, consistent, effective practice for this child/caregiver in this function area. This level of performance is indicative of exemplary practice and results for the child/caregiver. ["Optimum" does not imply "perfection."]

5 = **GOOD PERFORMANCE**. At this level, the system function is working dependably for this child/caregiver, under changing conditions and over time. Effectiveness level is consistent with meeting long-term goals for the child. [Keep this going for good results]

Acceptable Range: 4-6

Refine. - Yellow Zone: 3-4

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine thepractice situation.

4 = **FAIR PERFORMANCE**. This level of performance is minimally or temporarily sufficient for the child/caretiver to meet short-term objectives. Performance may be time-limited or require adjustment soon due to changing circumstances.[Some refinement is indicated]

3 = **MARGINAL PERFORMANCE**. Practice at this level may be under-powered, inconsistent, or not well-matched to need. Performance is insufficient for the child/caregiver to meet short-term objectives. [With refinement, this could become acceptable in the near future.]

Improve. - Red Zone: 1-2

Performance is inadequate. Quick action should be taken to improve practice now.

2 = **POOR PERFORMANCE**. Practice at this level is fragmented, inconsistent, lacking in intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.

1 = **ADVERSE PERFORMANCE**. Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

Unacceptable Range: 1-3

SECTION 2

CHILD STATUS INDICATORS

Living & Well-being

Developing Life Skills

CHILD STATUS REVIEW 1: SAFETY OF THE CHILD

SAFETY: To what degree: • Is the child free from injury caused by self or others in daily living, learning, and recreational settings? • Is the child free of abuse, neglect, and sexual exploitation? • Are others safe from this child? [Past 30 days]

Child safety is central to well-being. Freedom from harm is a state of well-being that exists in the balance between know threats of harm and necessary protections or supports put into place by parents and/or caregivers, teachers, babysitters, and others having immediate responsibility for care and supervision of the child. The child should be free from known and manageable risks of harm in his/her daily environments. Safety from harm extends to freedom from unreasonable intimidations and fears that may be induced by other children, care staff, treatment professionals, or other employees. A child who is unsafe from actual injury or who lives in constant fear of assault, exploitation, humiliation, isolation, or deprivation is at risk of death, disability, mental illness, co-dependent behavior patterns, learning problems, low self-esteem, and perpetrating similar harm on others.

Safety and good health provide the foundation for normal child development, especially for children with emotional or behavioral health problems. Safety applies to settings in the child's natural community as well as to any special care or treatment setting in which the child may be served on a temporary basis. Children in special care or treatment settings must be free from abuse, neglect, and sexual exploitation. Safety, as used here, refers to adequate management of known risks to the youth's physical safety and to the safety of others in the child's daily settings. **Safety is relative to known risks**, not an absolute protection from all possible risks to life or physical well-being. All adult caregivers and professional interveners in the child's life bear a responsibility for maintaining safety for the child and for others who interact with the child. Protection of a child with self-injurious behaviors and protection of others from a child with assaultive behavior may require special safety precautions.

Determine from Informants, Plans, and Records

Has the treatment team completed a risk assessment to determine safety risks due to:

- ☐ **1. Domestic violence?**
- ☐ **2. Physical abuse?**
- ☐ **3. Substance abuse?**
- ☐ **4. Sexual abuse?**
- ☐ **5. Emotional abuse?**
- ☐ **6. Mental illness?**
- ☐ **7. Self-endangerment by the child/youth?**
- ☐ **8. Neglect of any physically dependent person in the home?**

If current safety risks require immediate intervention, identify steps taken.

1. Does the child have a history of emotional/behavioral problems that have resulted in harm to self or others?
2. Does the child come from a family that has a history of child abuse/neglect, domestic violence and/or involvement with the criminal justice system?
3. Is the child now presenting self-injury or aggression toward others?
4. Has the child exhibited sexually offending behaviors?
5. Does the child have a pattern of frequent injuries requiring medical treatment?
6. Does the child have a developmental or physical disability?
7. Are there indications of intimidation or unreasonable fear in the child's life?
8. Does the child have adequate and reliable levels of adult supervision in his or he daily settings, necessary to manage risks and provide protections?

Facts Used in Rating Status

CHILD STATUS REVIEW 1: SAFETY OF THE CHILD

Determine from Informants, Plans, and Records	Facts Used in Rating Status
9. Has the child required special intervention due to behavior problems/rule violations?	
10. Does the child engage in high risk activities? Does the child have a history of physical conflict with others?	
11. Has there been an allegation of abuse, neglect, or exploitation in the past 12 months? Was a referral made to the police or child protective services?	
12. What child-serving agencies are presently involved with this family?	
13. What risk assessments have recently been conducted? What risks and protective factors are present at this time?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level
◆ Situation indicates **optimal safety** for all persons in all the child's daily settings. The child has a safe living situation with reliable and competent caregivers, is safe at school, is free from intimidation, and presents no safety risks to self or others. **- OR -** The child is safe from known and manageable risks of harm and is free of unreasonable intimidation or fears at home and school.	**6** ☐ Child ☐ Others
◆ Situation indicates **good safety** for the child in his/her daily settings and for others near the child. The child is generally safe in the facility with adequate caregivers, is usually safe at school, is free from intimidation, and presents no or minimal safety risk to self or others. **- OR -** The child is reasonably safe from known and manageable risks of harm and is free of unreasonable intimidation or fears at home and school.	**5** ☐ Child ☐ Others
◆ Situation indicates **fair safety** from imminent risk of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child has a minimally safe living arrangement with the present caregivers, is usually safe at school, has limited exposure to intimidation, and presents no or minimal safety risk to self or others. **- OR -** The child is minimally safe from known and manageable risks of harm and is minimally exposed to intimidation or fears at home or school.	**4** ☐ Child ☐ Others
◆ Situation indicates **an unacceptable safety issue present in one setting** that poses an elevated risk of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child's living arrangement may require protective supervision or services. **- OR -** The child may mildly injure self or others infrequently. **- OR -** Persons at home or school may pose a safety problem for the child.	**3** ☐ Child ☐ Others
◆ Situation indicates **substantial and continuing safety problems** that pose elevated risks of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child's living arrangements may require protective supervision or specialized services. **- OR -** The child may injure self or others occasionally. **- OR -** Persons at home or school may pose a serious safety problem for the child.	**2** ☐ Child ☐ Others
◆ Situation indicates **adverse and worsening safety problems** that pose high risks of physical harm for the child in his/her daily settings and for others. The child may require protective supervision or intensive services to prevent injury to self or others. **- OR -** The child may seriously injure self or others. **- OR -** Persons in the child's current daily settings may have abused, neglected, or exploited the child.	**1** ☐ Child ☐ Others

CHILD STATUS REVIEW 2: STABILITY

STABILITY: To what degree are: (1) The child's daily living, learning, and work arrangements stable and free from risk of disruption? (2) The child's daily settings, routines, and relationships consistent? (3) Known risks being managed to achieve stability and to reduce the probability of future disruption? [Pattern: past six months. Likelihood: next six months]

[STABILITY = CONTINUITY/NORMAL LIFE-STAGE CHANGES • INSTABILITY = DISRUPTION = UNPLANNED MOVEMENT OF A CHILD]

A home move is considered a disruption if it is unplanned, is made to a more restrictive setting, and results in the child residing in another home. The reason may be foster home placement problems, a sudden psychiatric episode, placement in residential treatment, or other similar situations in which the child does not return to the same home following treatment. An educational move is considered disruptive if the child changes school due to a home disruption or if the school placement is changed for any reason (other than grade-level transitions or provision of temporary specialized educational services) to a more restrictive educational setting. Repeated school suspensions or expulsion would be considered disruptive to a child's education. Normal age-related transitions from elementary to middle or to high school is not a disruption. A brief hospitalization for acute care is not a disruption, if the child returns to the same home following discharge.

Continuity in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The stability of a child's life will influence his/her ability to solve problems, negotiate change, assume responsibilities, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a "conscience." Many life skills, character traits, and habits grow out of enduring relationships the child has with key adults in his/her life. Building nurturing relationships depends on consistency of contact and continuity of relationships. For this reason, stability and permanence in the child's living arrangement and social support network is a foundation for normal child development. A child removed from his/her family home should be living in a safe and appropriate home. If, for reasons of child protection, psychiatric treatment, or juvenile justice services, this child/youth is in a temporary setting or unstable situation, then prompt and active measures should be taken to restore the child to a stable situation.

Determine from Informants, Plans, and Records

1. Is the child living in a permanent home? If continued instability is present, is it caused by unresolved permanency issues? Is a concurrent permanency goal in place to minimize further disruption if efforts to achieve permanency fail? If so, what is the permanency goal? Will the child be reunified with his/her birth family?

2. Does the child have a history of instability of living arrangements? How many out-of-home placements has this child had in the past two years? For what reasons? Of the placement changes, how many have been planned? How many have been made to unite the child with siblings/relatives, move to a less restrictive level of care, or make progress toward the permanency goal?

3. Are probable causes for disruption of home, school, or work present?
   - Parent/caregiver's history of frequent moves
   - Change in adults living in the home
   - Behavioral problems and discipline issues between parent and child
   - Members of the household threatened by the child's behavior
   - Parent/caregiver's inability/unwillingness to provide appropriate level of care or supervision

4. Has the child had a change in living, learning, or working environments in the past year resulting from:
   - Removal from his/her home or from another out-of-home care setting for safety reasons
   - Behavioral problems or emotional disorders
   - Required out-of-home treatment for serious emotional disturbances
   - Criminal involvement resulting in arrest, entry to custody, youth detention, or juvenile corrections
   - Chronic health conditions requiring frequent or extended hospitalization

Facts Used in Rating Status

CHILD STATUS REVIEW 2: STABILITY

Determine from Informants, Plans, and Records	Facts Used in Rating Status
5. Has this child ever run away from home, school, or placement? 6. What steps are being taken, if necessary, to prevent future disruptions and/or to achieve stable living, learning, and working situations and settings for this child?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal.** The child has **optimal stability** in home and school settings and enjoys positive and enduring relationships with parents/primary caregivers, key adult supporters, and peers in those settings. There is no history of instability. Only age-appropriate changes are expected in school settings.

  6
  ☐ Home
  ☐ School

- **Good.** The child has **substantial stability** in home and school settings with no disruptive changes in either during the past six months. The child has established positive relationships with parents/primary caregivers, key adult supporters, and peers in those settings. Only age-appropriate changes are expected within the next six months.

  5
  ☐ Home
  ☐ School

- **Fair.** The child has **minimally acceptable stability** in home and school settings with a disruption in settings within the past six months. The child has established positive relationships with parents/primary caregivers, key adult supporters, and peers in those settings. Only age-appropriate school changes may be expected in the next six months. Future disruption (unplanned moves) appears unlikely (probability < 50%) within the next six months.

  4
  ☐ Home
  ☐ School

- **Marginal.** The child has **inadequate stability** in home and/or school settings with several disruptions within the past six months. The child may not feel secure in the living arrangement and disruptions may have resulted in changes of parents/primary caregivers, key adult supporters, and peers in those settings. Further disruptions may occur within the next six months (probability > 50%). Causes of disruption are known, but services may not be working effectively to resolve the issues causing disruptions.

  3
  ☐ Home
  ☐ School

- **Poor.** The child has **substantial and continuing problems of instability** in home and/or school settings with several changes in either or both settings within the past six months. The child may feel insecure and concerned about his/her situation. Multiple, dynamic factors are in play, creating a "fluid pattern of uncertain conditions" in the child's life leading to ongoing instability. Intervention efforts to stabilize the situation may be limited or undermined by current system of care difficulties.

  2
  ☐ Home
  ☐ School

- **Adverse**. The child has **serious problems and worsening problems of instability** in home and/or school settings with several changes in either or both settings within the past six months. The child's situation seems to be "spiraling out of control." The child may be in temporary containment and control situations (e.g., detention or crisis stabilization) or a runaway. There is no foreseeable next placement with levels of supports and services expressed by service staff or providers. The child may be expelled from school.

  1
  ☐ Home
  ☐ School

- **Not Applicable to School Placement.** The child is not of school age and not enrolled in an early intervention program or daycare. The youth has a high school diploma or GED and may be working.

  NA
  ☐ School

CHILD STATUS REVIEW 3: PERMANENCY

PERMANENCY: • Is the child living with parents or out-of-home caregivers that the child, parents or out-of-home caregivers, and other stakeholders believe will keep lifelong? • If not, to what degree are permanency efforts focused on resolving problems necessary for the child to live in enduring relationships that provide a sense of family, stability, and belonging? [Present situation]

Every child is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved when the child is living in a home that the child, parents or out-of-home caregivers, and other stakeholders believe will endure lifelong. Permanency, commonly identified with the meaning of "family" or "home," suggests not only a stable setting, but also stable out-of-home caregivers and peers, continuous supportive relationships, and some level of parental/caregiver commitment and affection. Families and children are entitled to a permanent plan in a timely manner. Evidence of permanency includes resolution of guardianship, adequate provision of necessary supports for the out-of-home caregiver, and the achievement of stability in the child's home and school settings. **Thus, safety, stability, and adequate out-of-home caregiver functioning are co-requisite conditions of permanency for a child or youth.** Because of the nature of congregate settings, with frequent turnover of out-of-home caregivers, time-limited stays, serial peer groups, conditional commitment, and unreliable personal caring relationships, placements in congregate settings cannot be judged to achieve an acceptable permanency rating. Intensive services and timely family reunification should be provided, where indicated. Other permanency plans should be implemented immediately when reunification is determined not to be possible. Such a determination should be made in a timely manner after appropriate intensive services and any planned reunification efforts have proven unsuccessful or inappropriate. Where appropriate, termination of parental rights and adoption should be accomplished expeditiously. An exception to this would be if a child is still placed in a congregate setting at the time of review, but everyone is ready to move the child to a safe, appropriate, and permanent family setting and the team agrees that the current placement and plan will produce permanency.

Determine from Informants, Plans, and Records

1. Is the child living with parents or out-of-home caregivers that the child, parents/caregivers, and caseworker believe will endure lifelong?
   - Does the permanency goal appear to be appropriate, given the circumstances?
2. If the child is residing with a parent, adoptive parent, or out-of-home caregiver who is the identified home for the child:
   - Are legal steps to achieve permanency completed?
   - Do they understand and commit to the responsibilities for rearing the child? Is the family adapting to incorporate the child as a new member?
   - Are they incorporating the child's family of origin, traditions, and culture into the new family's arrangements?
3. If the child does not live with permanent out-of-home caregivers yet and the permanency goal is reunification, are the parents and child successfully resolving concerns to get the child safely home?
   - Is the parent acquiring, demonstrating, and sustaining required behavioral changes necessary to parent the child?
   - Is there a clear permanency plan? Is it being implemented?
   - Do the child, family, and caseworker support the permanency plan?
4. If the child does not live with permanent out-of-home caregivers yet and the permanency goal is adoption or guardianship, is preparation for adoption/guardianship timely and appropriate?
   - Is an alternative family identified or being actively recruited and developed?
   - Have relatives, current out-of-home caregivers, and past out-of-home caregivers been approached about providing permanency?
   - Is the child aware of and becoming prepared for adoption/guardianship?
   - Do the child, family, and caseworker support the permanency plan?
5. Is the scope and pace of achieving permanency consistent with ASFA timelines? If there have been delays, have adjustments been made to better address permanency?
6. Do family members, current out-of-home caregivers, the child, and the team have and know about a concurrent plan? Are back-up steps being taken to ensure timely permanency for the child if the current plan is halted or fails?

Facts Used in Rating Status

CHILD STATUS REVIEW 3: PERMANENCY

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal.** Child has **optimal permanence**. The child has achieved legal permanency and/or lives in a family setting about which the child, out-of-home caregivers, and all team members have evidence will endure lifelong. If the child lives at home with his/her parents, identified risks have been eliminated and stability has been sustained over time. **6** ☐

- **Good.** Child has **substantial permanence**. The child lives in a family setting (his/her own or that of an out-of-home caregiver) that the child, out-of-home caregivers, caseworker, and core team members have confidence will endure lifelong. A plan is implemented that supports that confidence because safety and stability have been achieved. If in a resource family, there is agreement that adoption/guardianship issues will be imminently resolved. For children old enough to make a responsible judgment, the child and out-of-home caregiver (in all cases) are committed to the plan. **5** ☐

- **Fair.** Child has **minimally acceptable to fair permanence**. The child lives in a family setting that the child, out-of-home caregivers, caseworker, and core team members expect will endure until the child reaches maturity. They are successfully implementing a well-crafted plan that supports that expectation because safety and stability are being achieved. If in an adoptive family, adoption/guardianship issues are being resolved. **- OR -** The child is still living in a temporary placement, but child, out-of-home caregivers, caseworker, and other team members are ready to move the child to a safe, appropriate, and permanent family setting. Readiness for permanency is evident, because a realistic and achievable child and family plan is being implemented, a permanent home has been identified, and the transition is being planned for. The team agrees that the prospective placement and plan will produce permanency, because the child is receiving what the child needs for implementing the actual permanency goal and the parents or future permanent out-of-home caregiver is becoming prepared for receiving the youth. For children old enough to make a responsible judgment, the child and out-of-home caregiver (in all cases) are committed to the plan. **4** ☐

- **Marginal.** Child has somewhat **inadequate permanence**. The child lives in a home that the child, out-of-home caregivers, caseworker, and some other team members are hopeful could endure lifelong, and they are working on crafting a plan that supports that hope by attempting to achieve safety and stability. **- OR -** The child is living on a temporary basis with a out-of-home caregiver, but likelihood of reunification or finding another permanent home remains uncertain. If in an adoptive family, adoption/guardianship issues are being assessed. For children old enough to make a responsible judgment, the child and out-of-home caregiver (in all cases) are considering the plan. **3** ☐

- **Poor.** Child has **substantial and continuing problems of permanence**. The child is living in a home that the child, out-of-home caregivers, and caseworker doubt could endure until the child becomes independent, due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child. **- OR -** The child remains living on a temporary basis (more than nine months) with a out-of-home caregiver without a clear, realistic, or achievable permanency plan being implemented. **2** ☐

- **Adverse.** Child has **serious problems and worsening problems of permanence**. The child is moving from home to home due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child. **- OR -** The child remains living on a temporary basis (more than 18 months) with a out-of-home caregiver without a clear, realistic, or achievable permanency plan being implemented. **1** ☐

CHILD STATUS REVIEW 4: LIVING ARRANGEMENT

LIVING ARRANGEMENT: • Is the child in the most appropriate living arrangement, consistent with the child's needs for family relationships, connections, age, ability, special needs, and peer group? • Is this living arrangement consistent with the child's language and culture? [Present situation]

[Scoring Rule: This indicator applies to the living arrangements of all children, not just those in out-of-home care.]

The child's home is the one that the child has lived in for an extended period of time. For children who are not in out-of- home care, this home can be with the parents, relatives (informally arranged by family), adoptive parents, or a guardian. For children in out-of-home care, the living arrangement can be in family foster care, therapeutic foster care, group home, or residential treatment. The child's home community is generally the area in which the child has lived for a considerable amount of time and is usually the area that the child was living in prior to removal. This community is a basis for one's identity, culture, sense of belonging, and connections with persons and things that provide meaning and purpose for the child. Whenever safe, the child should remain in the home with his/her family. If the child must be temporarily removed from the home, the child should live, whenever possible, with siblings and relatives or in his/her home community. Some children with special needs may require therapeutic settings, which must be least restrictive, most appropriate, and inclusive to support the child's needs.

Determine from Informants, Plans, and School Records

1. Is the child living in his/her home?
   - Is the child's home an appropriate environment for the child?
   - Are the parents (or other out-of-home caregivers) able to meet the child's daily needs for care and nurturing?
   - Does the child have any special needs (medical, behavioral, cognitive, etc.)? If so, does the parent have the capacity and supports necessary to address the special needs?
2. If the child is in a temporary out-of-home living arrangement, the following points should be considered in determining the appropriateness of the setting:
   - Is the child living in his/her home community (neighborhood and community close to friends, in his/her school district, and where he/she can continue extracurricular activities)?
   - Does the placement provide appropriate continuity in connection to home, school, faith-based organization, peer group, extended family, and culture?
   - Is the child placed with the non-custodial parent or relatives? If not, are there clear reasons why not?
   - Is the child placed with siblings? If not, are there clear reasons as to why this was not appropriate based upon the needs of the child?
   - Is the placement conducive to maintaining family connections and does the out-of-home caregiver support these activities?
   - Does the child feel safe and well cared for in this setting?
   - Should reunification not be possible, would the out-of-home caregiver be able and willing to provide for permanency?
   - Is the living arrangement able to meet the child's developmental, emotional, behavioral, and physical needs and does it provide for appropriate levels of supervision and supports?
   - Do the out-of-home caregivers encourage the child to participate in activities that are appropriate to his/her age and abilities (sports, creative activities, etc.) and support socialization needs with peers and others?
3. If the child is living in a group care (more than five children) or residential care center, the reviewer should consider the following items.
   - Does the child feel safe and well cared for in this setting?
   - Is this the less restrictive and most inclusive setting that is able to meet the child's needs?
   - Is the child placed with children in his/her same age group?
   - Does the placement provide for the appropriate level of supervision, supports, and therapeutic services?
   - Does the placement provide for family connections and linkages to the home community?
4. Does the child and do the parents, out-of-home caregivers, therapists, and caseworker believe that this is the best place for the child to be living?

Facts Used in Rating Status

CHILD STATUS REVIEW 4: LIVING ARRANGEMENT

Description and Rating of Child Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal Living Arrangement. The child is living in the most appropriate setting to address his/her needs.** The living arrangement is optimal to maintain family connections, including the child's relationship with the siblings and extended family members. The setting is able to entirely provide for the child's needs for emotional support, supervision, and socialization and addresses special and other basic needs. The setting is optimal for the child's age, ability, culture, language, and faith-based practices. Additionally, if the child is in a group home or residential care center the child is in the least restrictive environment necessary to address his/her needs.

6
☐ Home setting
☐ Group setting

- **Good Living Arrangement. The child is living in a setting that substantially meets his/her needs.** The living arrangement substantially provides the condition to maintain family connections, including the relationships with the siblings and extended family members. The setting provides the necessary supervision, supports, and services to provide substantially for the child's emotional, social, special, and other basic needs. The setting is substantially consistent with the child's age, ability, culture, language, and faith-based practices. Additionally, if the child is in a group home or residential care center, the child is in the least restrictive environment necessary to address his/her needs.

5
☐ Home setting
☐ Group setting

- **Fair Living Arrangement. The child is living in a setting that is minimally consistent with his/her needs.** The living arrangement minimally provides the conditions necessary to maintain family connections, including the relationship with the siblings and extended family members. The setting minimally provides the necessary supervision, supports, and services to address the child's emotional, social, special, and other basic needs. The setting is minimally consistent with the child's age ability, culture, language, and faith-based practices. Additionally, if the child is in a group home or residential care center the child is in the least restrictive environment necessary to address his/her needs.

4
☐ Home setting
☐ Group setting

- **Marginal Living Arrangement. The child is living in a setting that only partially addresses his/her needs.** The living arrangement is partially inconsistent with the conditions necessary to maintain family connections, including relationships with the siblings and extended family members. The setting only partially provides for the necessary supervision, supports, and services to address the child's emotional, social, special, and other basic needs. The setting is partially consistent with the child's age, ability, culture, language, and faith-based practices. If the child is in a group home or residential care center, the child is not in the least restrictive setting. The level of care or degree of restrictiveness may be slightly higher or lower than necessary to address the child's needs.

3
☐ Home setting
☐ Group setting

- **Poor Living Arrangement. The child is living in a substantially inadequate home or setting.** The living arrangement inadequately addresses conditions necessary to maintain family connections. The necessary level of supervision, supports, and services to address the child's needs are inadequate. The setting is inconsistent with the child's age, ability, culture, language, and faith-based practices. If the child is in a group home or residential care center, the setting is not least restrictive. The level of care or degree of restrictiveness is substantially more or less than necessary to meet the child's needs.

2
☐ Home setting
☐ Group setting

- **Adverse Living Arrangement. The child is living in an inappropriate home or setting for his/her needs**. The living arrangement does not provide for family and community connections. The necessary level of supervision, supports, and services to address the child's needs is absent. If the child is in a group home or residential care center, the environment is much more restrictive than is necessary to meet the child's needs.

1
☐ Home setting
☐ Group setting

CHILD STATUS REVIEW 5: HEALTH/PHYSICAL WELL-BEING

PHYSICAL HEALTH STATUS: To what degree: • Is the child achieving and maintaining his/her optimum health status? • If the child has a serious or chronic physical illness, is the child achieving his/her best attainable health status given the disease diagnosis and prognosis? [Past 30 days]

Children should achieve and maintain their best attainable health status, consistent with their general physical condition when taking medical diagnosis, prognoses, and history into account. Healthy development requires that the child's basic needs for proper nutrition, clothing, shelter, and hygiene be met on a daily basis. Proper medical and dental care (preventive, acute, and chronic) is necessary for maintaining good health. Preventive health care should include periodic examinations, immunizations, dental hygiene, and screening for possible developmental or physical problems.

Children prescribed medications on a continuous basis should be carefully monitored. A responsible adult should assure that the medications are taken as prescribed, that the effects of the medication (including side effects) are monitored, and that there is a mechanism to provide feedback with the physician on a regular basis. For children who are developmentally capable, the child should understand his/her condition, how to self-manage issues associated with the condition, the purpose of his/her medication, how to manage or report side effects of the medication and how to self-administer. If the child requires any type of adaptive equipment or other special procedures, persons working with the child are provided instruction in the use of the equipment and special procedures. Should a child have a serious condition, possibly degenerative, the services and supports have been provided to allow the child to remain in the best attainable physical status given his/her diagnoses.

Determine from Informants, Plans, and Records

1. Are the child's basic physical needs being met on a daily basis? (If NO, this may also be a safety concern).
   - Food, adequate nutrition, warmth, and exercise
   - Sanitary housing that is free of safety hazards
   - Daily care such as hygiene, dental care, grooming, clean clothing

2. Is the child achieving his/her optimal or best attainable health status?
   - Does the child miss school due to illness more than would be expected?
   - Does the child have any recurrent health problems such as infections, sexually transmitted disease, colds, or injuries?
   - Does the child have recurrent health complaints, and if so, are they addressed (including dental, eye sight, hearing, etc.)?
   - Does the child appear to be underweight or overweight, and if so, has this been investigated?
   - Does the child use illegal substances?
   - If the child has had a need for acute care services, were they provided appropriately?

3. Has the child maintained his/her best attainable health status, given any physical health diagnoses?

4. If the child takes medication for health maintenance on a long-term basis, is the medication properly managed for the child's benefit?
   - A responsible adult is responsible for monitoring the use of the medication, ensuring that it is taken properly, watching for signs of effectiveness or side effects, providing feedback to the physician, and making changes as warranted.
   - The child, at the level that she/he is capable, has been taught about his/her condition, understands how to self-manage the condition, understands the purpose and impact of the medication, and is able to self-administer his/her medication with supervision.

Facts Used in Rating Status

CHILD STATUS REVIEW 5: HEALTH/PHYSICAL WELL-BEING

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal Health Status.** Child is demonstrating excellent health, or if he/she has a chronic condition, is attaining the best possible health status that can be expected given the health condition. The child's growth and weight are well within age-appropriate expectations. Any previous or current health concerns have been met without any adverse or lasting impact, or there is no significant health history. Nutrition, exercise, sleep, and hygiene needs are fully met. This child appears to be in excellent physical health. **6** ☐

- **Good Health Status**. Child is demonstrating a good, steady health pattern, considering any chronic conditions. The child's growth and weight are generally consistent with age-appropriate expectations. Any previous or current health concerns have been met in which there may be no lasting impact, or there is no significant health history for this child or youth. Nutrition, exercise, sleep, and hygiene needs are being substantially met. This child appears to be in good physical health. **5** ☐

- **Fair Health Status.** Child is demonstrating a minimally adequate to fair level of health status, considering any chronic conditions. The child or youth's physical health is somewhat close to normal limits for age, growth, and weight range. If existing, any previous or current health concerns are not adversely affecting functioning. Nutrition, exercise, sleep, and hygiene needs are usually being met. The child appears to be in fair physical health. **4** ☐

- **Marginal Health Status.** Child is demonstrating a limited, inconsistent, or somewhat inadequate level of health status. Any chronic condition may be becoming more problematic than necessary. The child or youth's physical health may be outside normal limits for age, growth, and weight range. If existing, any previous or current health concerns may be adversely affecting functioning. Nutrition, exercise, sleep, and hygiene needs may be inconsistently met. The child appears to be in marginal or physical health. **3** ☐

- **Poor Health Status.** Child is demonstrating a consistently poor level of health status. Any chronic condition may be becoming more uncontrolled, possibly with presentation of acute episodes. The child or youth's physical health may be significantly outside normal limits for age, growth, and weight range. If existing, any previous or current health concerns may be significantly affecting functioning. Nutrition, exercise, sleep, and hygiene needs may not be met, with significant impact on functioning. The child appears to be in poor physical health and physical health is not improving, rather, is remaining status quo. **2** ☐

- **Worsening Health Status.** Child is demonstrating a poor or worsening level of health status. Any chronic condition may be increasingly uncontrolled, with presentation of acute episodes that increase health care risks. The child or youth's physical health may be profoundly outside normal limits for age, growth, and weight ranges. If existing, any previous or current health conditions may be profoundly affecting functioning. Nutrition, exercise, sleep, and hygiene needs may not be met, with profound impact. The child appears to be in poor physical health and his/her health status is declining. **1** ☐

CHILD STATUS REVIEW 6: EMOTIONAL/BEHAVIORAL WELL-BEING

EMOTIONAL/BEHAVIORAL WELL-BEING: • To what degree is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in and benefit from his/her education? • How well is the child functioning in his/her daily settings and activities? [Past 30 days]

Emotional well-being is essential for adequate functioning in a child's daily life settings, including school and home. To do well in school and in life, a child should:

- Present an affect pattern appropriate to time, place, person, and situation.
- Have a sense of belonging and affiliation with others rather than being isolated or alienated.
- Socialize with others in various group situations as appropriate to age and ability.
- Be capable of participating in major life activities and decisions that affect him/her, including educational activities.
- Be free of or reducing major clinical symptoms of emotional/behavioral/thought disorders that interfere with daily activities.

For a child with mental health needs who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning at school and home, the child should be receiving necessary services and demonstrating progress toward adequate functioning in normal settings. Some children may require improved communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions or wraparound supports. Timely and adequate provisions of supports and services should enable the child to benefit from his/her education.

Determine from Informants, Plans, and School Records

1. Is the child presently presenting emotional or behavioral problems at school, at home, or in the community?
2. Does the child receive mental health services at school or elsewhere? If so, are symptoms being reduced and is the child's level of functioning improving?
3. Does the child have a serious behavior disorder? If so, are maladaptive or high risk behaviors being reduced and replaced with functional behaviors?
4. Does the child present an affect pattern appropriate to time, place, person, and situation? If not, how are mood and/or anxiety problems being addressed?
5. Is the child receiving adequate instruction, guidance, support, and supervision at school, consistent with his/her needs for success in school?
6. Is the child making progress toward normal functioning and full inclusion?
7. Is this child participating and benefiting from his/her educational opportunities?
8. If this child receives special education services, is he/she making adequate academic progress that will lead to school completion and employment?
9. Does the child receive needed social and emotional supports at school? If yes, by whom and explain?
10. Does the child have a key adult supporter at school? If so, is the relationship positive and enduring across school years? If no, is there someone who can fulfill this role?
11. Does this child enjoy school and feel connected with others at school?

Facts Used in Rating Status

NOTE:

A school setting can be an early intervention program or daycare.

STAGES OF CHANGE:

Five stages of change are defined as:

- *Precontemplation: no intention to change behavior; may be unaware of problems or opportunities.*
- *Contemplation: are aware of problems or opportunities; thinks about acting, upon it but has not made a commitment to take action.*
- *Preparation: combines intention with early behaviors; planning to take action within the next month.*
- *Action: activities are being undertaken to modify behavior and take advantage of opportunities with commitment of time and energy.*
- *Maintenance: person works to make and consolidates gains while acting to prevent relapse or loss; may enter this stage within six months of behavior change.*

CHILD STATUS REVIEW 6: EMOTIONAL/BEHAVIORAL WELL-BEING

Determine from Informants, Plans, and Records	Facts Used in Rating Status
12. Does the child engage in extracurricular activities through school or in the community?	
13. Are known emotional/behavioral risks being managed effectively for the child at school, at home, and in the community?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

◆ The child shows an **optimal level of emotional/behavioral functioning.** The child is emotionally and behaviorally stable and functioning very well (i.e., Level 10 in general functioning today across settings, see page 102). The child may enjoy many positive and enduring supports from teachers, key adult supporters, and friends.

6
☐ Home
☐ School

◆ The child shows **substantially good emotional/behavioral functioning.** The child is emotionally and behaviorally stable and functioning well (i.e., Levels 8-9 in general functioning today across settings, see page 102). The child may enjoy several positive and enduring supports from teachers, key adult supporters, and friends.

5
☐ Home
☐ School

◆ The child shows **fair emotional/behavioral functioning.** The child has some emotional and behavioral issues (i.e., Levels 6-7 in general functioning today across settings, see page 102). The child may enjoy some positive and enduring supports from teachers, key adult supporters, and friends. The child may have occasional minor problems.

4
☐ Home
☐ School

◆ The child shows **marginal emotional/behavioral functioning.** The child has some emotional and behavioral issues affecting daily activities (i.e., Level 5 in general functioning today across settings, see page 102). The child may enjoy few, if any, positive and enduring supports from teachers, key adult supporters, and friends.

3
☐ Home
☐ School

◆ The child has **substantial and continuing problems of emotional/behavioral functioning.** The child has serious emotional and/or behavioral problems that impair functioning in daily settings (i.e., Levels 3-4 in general functioning today across settings, see page 102).The child may be socially isolated due to withdrawal or behavior that limits social interactions.

2
☐ Home
☐ School

◆ The child has **adverse and worsening problems of emotional/behavioral functioning.** The child has serious and persistent emotional and/or behavioral problems that limit functioning and may cause restriction in school or community settings (i.e., Levels 1-2 in general functioning today across settings, see page 102). The child's risk to self or others is high.

1
☐ Home
☐ School

◆ **Not Applicable.** The child is not of school age and not enrolled in an early intervention program or daycare. **- OR -** The child is expelled.

NA
☐ School

CHILD STATUS REVIEW 7: SUBSTANCE USE

SUBSTANCE USE: • To what degree is the child free from substance use impairment? • If the child is in recovery from a substance use disorder, is the family home atmosphere supportive of recovery efforts? [Past 30 days]

While any alcohol or substance use by children is problematic and warrants attention; there are varying degrees and types of substance use resulting in subsequent life impairment. **Substance is defined** as an illicit substance, misuse of over-the-counter medications, misuse of prescribed medications, and/or misuse of chemicals. Early identification and treatment of substance use disorders in the child will contribute to improved functioning and positive outcomes.

Children and youth should maintain a lifestyle free of substance use. Impairment arising from use of these substances poses potential harm to the child's physical and emotional well-being. If using substances, children and youth should be making reasonable progress toward recognizing problems with substance use, increasing motivation to "take charge" of reducing their own substance use, lowering the impairment and risks associated with substance use, and decreasing the use of substances.

Determine from Informants, Plans, and Records

1. Has the child been screened for substance use disorder? If so, when and with what recent findings?
2. Is there any history of alcohol or substance use by the child or youth? If yes, what type of substance is used, what method is used, how often is the substance used, and what are the consequent life problems?
3. Does the parent/caregiver have a substance use disorder? Is the climate in the home supportive of treatment and recovery efforts?
4. Is the child using substances in isolation, with family, or with a peer group?
5. Is substance use related to other high risk behavior (needle sharing, sexual activity, DUI, etc.)?
6. Is substance use causing functional impairment (poor school attendance or achievement, problems with family/peers/community, difficulty with employment)?
7. Has substance use led to criminal activity or involvement with police or courts?
8. What level of motivation does the child have for obtaining/maintaining a substance-free lifestyle?
9. Is the child or caregiver currently receiving treatment for substance use? Has the child or caregiver needed and/or received treatment for substance use within the past year?
10. If treatment for substance use has been received and completed, has relapse presented as a problem? If so, how often? Is relapse prevention being pursued?

Facts Used in Rating Status

STAGES OF CHANGE:

Five stages of change are defined as:

- *Precontemplation: no intention to change behavior; may be unaware of problems or opportunities.*
- *Contemplation: are aware of problems or opportunities; thinks about acting, upon it but has not made a commitment to take action.*
- *Preparation: combines intention with early behaviors; planning to take action within the next month.*
- *Action: activities are being undertaken to modify behavior and take advantage of opportunities with commitment of time and energy.*
- *Maintenance: person works to make and consolidates gains while acting to prevent relapse or loss; may enter this stage within six months of behavior change.*

CHILD STATUS REVIEW 7: SUBSTANCE USE

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child/Youth — Rating Level

- **Optimal Status**. The child is fully free from substance use impairment at this time. If the child has experienced substance use impairment in the past, the person has maintained sobriety for at least 12 months without relapse. The social climate in the home is fully supportive of recovery efforts. **6** ☐

- **Good Status**. The child is free from substance use impairment at this time. If the child has experienced substance use impairment in the past, the person has maintained sobriety for at least six months without relapse. The social climate in the home is generally supportive of recovery efforts. **5** ☐

- **Fair Status**. The child may have had recent substance use, but impairment is substantially reduced or limited and daily functioning is at a minimally adequate level. The person may be actively participating in an appropriate treatment program. The person may be showing progress in treatment. The social climate in the home is somewhat supportive of recovery efforts. **4** ☐

- **Marginal Status**. The child has mild to moderate substance use impairment that may result in some negative consequences or adversely affects functioning in daily settings. The person may be receiving treatment but may be making little progress. The social climate in the home may not be very supportive of recovery efforts. **3** ☐

- **Poor Status.** The child may have an established pattern of substantial and continuing substance use impairment. The person has moderate to serious substance use that results in very negative consequences and/or substantial functioning limitations. The person may be continuing to use substances and may not be making progress in a treatment program. The social climate in the home may substantially undermine recovery efforts. **2** ☐

- **Adverse Status.** The child has **serious and worsening substance use impairment**. The person has serious life-threatening substance use patterns that result in significant negative consequences and/or major functional limitations and may cause restriction in an institutional setting. The person's substance use is worsening. The social climate in the home may actively support continued substance use and possibly other illegal activities. **1** ☐

- **Not Applicable.** The child has no history of substance use impairment. This indicator does not apply at this time. **NA** ☐

CHILD STATUS REVIEW 8: ACADEMIC STATUS

ACADEMIC STATUS: To what degree is this child/youth: (A) in an appropriate educational placement; (B) regularly attending school; (C) actively engaged in instructional activities; (D) presently performing at grade level or IEP level in order to meet expectations for grade level promotion, graduation, and transition to employment? [Past 30 days and most recent grading period]

The child is expected to be actively engaged in developmental, educational, and/or vocational processes that are enabling the child to build skills and functional capabilities at a rate and level consistent with his/her age and abilities. This means that the child should be:

- Enrolled in an educational or vocational program that is the least restrictive, most appropriate placement, consistent with age and ability.
- Attending school regularly and at a frequency necessary to benefit from instruction and meet requirements for promotion; course completion; and, ultimately, graduation.
- Actively and consistently participating in the instructional processes and activities necessary to acquire expected skills and competencies.
- Performing and reading at grade level, except when the child's instructional expectations and placement are altered via an IEP to an alternative curriculum. When an IEP is directing the child's education via placement in an alternative curriculum, specialized instruction, and related services, the child should be performing at the level anticipated in the IEP.

These four aspects of academic status is rated separately in this review. Use the criteria provided below to determine a rating for each aspect and record each applicable rating on the roll-up sheet. If the youth has graduated, all five of the Academic Status ratings will be not applicable. If this is the case, place a NA in the ratings boxes and on the roll-up sheet.

Along with these four conditions, the child or youth should be meeting requirements for grade-level promotion, course completion, and graduation; and, where indicated in an IEP [Individualized Educational Program], fulfilling transition processes and requirements for making a smooth transition to work, post-secondary education, independent living, and/or adult services.

Determine from Informants, Plans, and School Records

8A. Educational Placement. Is the child in the most appropriate educational placement consistent with the child's needs, age, ability, culture, and peer group? Determine whether the following conditions are adequately met:

- ☐ The child is in the least restrictive academic setting for his/her needs.
- ☐ The placement provides the appropriate level of supervision and support.
- ☐ The placement is appropriate for the child's developmental stage.
- ☐ The child is placed with children of the same age/peer group.
- ☐ The placement is appropriate for the child's special needs.
- ☐ The child is integrated into the life of the school via participation in extra-curricular activities, with social supports provided as necessary.

Status Rating Instructions

Educational Placement Rating. Based on a review of plans, records, and informants' statements, determine the number of the six bulleted conditions that are adequately met by the child's current educational placement. Award one rating point for each of the six conditions met. Sum the number points to arrive at a rating of 1-6 for this child. If this child has dropped out or been expelled, assign a rating of 1. If no conditions are met, assign a rating of 1.

8A Rating Assigned: ☐

CHILD STATUS REVIEW 8: ACADEMIC STATUS

Determine from Informants, Plans, and School Records

8B. School Attendance. Is the child attending school regularly and at a frequency necessary to benefit from instruction and to meet requirements for promotion; course completion; and, ultimately, graduation? Determine which of the following statements best applies to this child's attendance pattern:

- ☐ 6. Attended 19-20 of past 20 school days; no unexcused absences.
- ☐ 5. Attended 17-18 of past 20 school days; no unexcused absences.
- ☐ 4. Attended 15-16 of past 20 school days; few tardies/no unexcused absences.
- ☐ 3. Attended 13-14 of past 20 school days; tardies and/or 1-2 unexcused absences.
- ☐ 2. Attended ≤12 of past 20 school days; tardies, truancies, or suspensions.
- ☐ 1. Not attending. May be dropped out, expelled, or confined in detention or hospital without appropriate instruction provided.

Status Rating Instructions

School Attendance Rating. Based on a review of attendance records and teachers' responses, determine the attendance statement that best describes this child's pattern of reported school attendance over the 20 school days. Remember to count school days, not calendar days when making this determination. Record the number assigned to the left of the statement as the rating value for school attendance. Be sure to explain any rating of 1-3 in the oral and written report.

8B Rating Assigned: ☐

8C. Instructional Engagement. Is the child actively and consistently participating in the instructional processes and activities necessary to acquire expected skills and competencies? Determine whether the following conditions are adequately met:

- ☐ • The child is adequately focused and engaged in the instructional content.
- ☐ • The child usually follows instructions and completes class assignments.
- ☐ • The child attends class frequently enough to maintain instructional pace.
- ☐ • The child participates regularly in group assignments and activities.
- ☐ • The child initiates and responds to questions; asks for needed assistance.
- ☐ • The child actively seeks learning enrichment/advancement opportunities.

Instructional Engagement Rating. Based on a review of plans, records, and informant statements, determine the number of the six bulleted conditions that are adequately met by the child's current instructional engagement. Award one rating point for each of the six conditions met. Sum the number points to arrive at a rating of 1-6 for this child. If this child has dropped out or been expelled, assign a rating of 1. If no conditions are met, assign a rating of 1.

8C Rating Assigned: ☐

8D. Present Performance. Is the child performing instructional tasks and reading at grade level, except when the child's instructional expectations are altered via an IEP to an alternative curriculum? Determine which of the following statements applies to this child's present academic performance:

- ☐ 6. **Optimal performance**; far exceeds grade level/IEP expectations in all areas.
- ☐ 5. **Good performance**; meets/somewhat exceeds grade level/IEP expectations.
- ☐ 4. **Fair performance**; is close to grade level/IEP expectations in most key areas.
- ☐ 3. **Marginal performance**; is somewhat under grade level/IEP expectations in most key areas.
- ☐ 2. **Poor performance**; is substantially under grade level/IEP expectations in most key areas.
- ☐ 1. **Not performing**; may be dropped out, expelled, or confined in detention or hospital without appropriate instruction provided.

Present Performance Rating. Based on a review of instructional expectations, child's performance and informants' responses, determine the statement that best describes this child's present pattern of instructional performance. Record the number assigned to the left of the statement as the rating value for school attendance. Be sure to explain any rating of 1-3 in the oral and written report.

8D Rating Assigned: ☐

CHILD STATUS REVIEW 9: SOCIAL CONNECTION & SUPPORT

SOCIAL SUPPORTS: • Consistent with age and ability, to what degree is the child: (1) Developing an age-appropriate, culturally-appropriate circle of positive friends/supporters? (2) Participating in social/recreational activities necessary for gaining positive, important life experiences? (3) Gaining group affiliation, adult guidance, and social connections via ties to community organizations (faith-based or secular)? (4) Benefitting from a significant, enduring relationship with one or more adults who provide positive role modeling, support, and guidance? [Past 30 days]

Children and youth should acquire and extend their social supports while gaining age-appropriate and culturally-appropriate life experiences that build their capacities to function effectively within their social networks and range of activities in various social settings. Ideally, the child should be extending the size, composition, and quality of relationships in an age-appropriate and culturally-appropriate and enduring social network of peers and adults. Good social skills are gained by a child in developing and extending his or her circle of friends and adult supporters in daily settings and activities. Using social skills helps to develop friends at school and to form supportive relationships with teachers and other adults. Joining sports teams or clubs requires the development and use of social skills, character traits, attitudes, and affiliations that are necessary for success in life. Appropriate social activities engage the child in "learning and fun events" that promote active avoidance of socially harmful activities that may cause harm or hardship to self or others. The focus here is on building one's social network and supports in daily settings, engaging in socially appropriate activities (e.g., extracurricular activities). A major protective factor for the child is having at least one significant and enduring positive relationship with an adult who provides guidance and support, ideally of the same gender as the child [this is especially important for adolescent males]. Age and functional limitations in ability should be taken into account in rating this status indicator. This review does not apply to children under age 5 years or who may be older but have a mental age well under 6 years.

Determine from Informants, Plans, and Records

1. As appropriate to age, culture, ability, how well and consistently does this child:

   - ☐ Have the opportunity to acquire and use social skills in daily activities?
   - ☐ Have the opportunity to join clubs, teams, or other organized groups?
   - ☐ Demonstrate the use of good social skills in daily settings and activities?
   - ☐ Develop and extend the child's circle of friends and supporters?
   - ☐ Acquire and use character traits, sensitivities, attitude, and affiliations necessary for social success at home and school and in life?
   - ☐ Actively avoid socially harmful activities?

2. What are the child's normal social and recreational activities? What are the child's desires for engagement in age-appropriate social activities that are "fun" for the child and properly supervised by adults?

3. Does this child have age-peer friends? Do these friends help to influence the child's behaviors in positive ways? Are these strong and enduring relationships or just classmates or casual acquaintances?

4. Does this child have a significant and enduring positive relationship with an adult who cares about this child? Does this adult function as a mentor or life coach for this child?

5. To what extent does this child have an active and supportive network for age-peer friends and supporters? How well does this network actually support this child? What are this child's group affiliations?

Facts Used in Rating Status

NOTE:

Consider the size and composition of the child's current social network:

- *Number of age-peer friends:* _____
- *Number of friends who do not have a disabling condition:* _____
- *Number of relatives with close and supportive relationships:* _____
- *Number of paid persons (e.g., teacher, therapist, aide, caseworker) who have close and supportive relationships:* _____
- *Number of non-related, non-paid adults who have a close and supportive relationship with this child:* _____

Consider the duration of the relationships. How many have endured for more than a year? ___

Consider the supportive quality of those relationships. How many actually provide positive guidance, direction, support, and friendship for the child? _____

Consider the significance of the relationship to the child. Which of these persons does the child feel particularly close to, finding attachment & security in the relationship? _____

CHILD STATUS REVIEW 9: SOCIAL CONNECTION & SUPPORT

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for Child, Age 6 Years and Older — Rating Level

- **Optimal connection/support**. The child is rapidly developing and extending an excellent circle of friends, adult supporters, and group affiliations that are culturally-appropriate. This child participates fully in social and recreational activities with age peers and adults and is gaining many important life experiences. This child has a significant and enduring relationship with two or more adults who provide excellent support and guidance. **6** ☐

- **Good connection/support.** The child is steadily developing and extending a wide circle of friends, adult supporters, and group affiliations. This child participates often in social and recreational activities with age peers and adults and is gaining some important life experiences. This child has a significant and enduring relationship with at least one adult who provides good support and guidance. **5** ☐

- **Fair connection/support**. The child is gradually developing and extending a small circle of friends, adult supporters, and group affiliations. This child participates occasionally in social and recreational activities with age peers and adults and is gaining a few important life experiences. This child is developing a significant and enduring relationship with at least one adult who provides fair support and guidance. **4** ☐

- **Marginal or limited connection/support**. The child is inconsistently developing a limited circle of friends, adult supporters, and group affiliations. This child participates on a limited basis in social and recreational activities with age peers or adults and is gaining a few important life experiences. The child may have an ongoing relationship with one adult who may provide marginal support and guidance or of only short duration (less than a year). Some persons may expose the child to some moderately negative influences or life patterns. **3** ☐

- **Poor**. The child is presenting **substantial problems with social supports and is not progressing**. The child is not developing a useful circle of friends and adult supporters. The child may not participate in social and recreational activities with age peers or adults and may be missing important life experiences. The child may not have an ongoing relationship with even one adult who provides positive support and guidance. Some persons may expose the child to substantially negative influences or life patterns. **2** ☐

- **Adverse**. The child is presenting **serious and worsening problems with social supports**. The child may be losing social skills (possibly due to increasing psychiatric symptoms) in present daily settings or may be placed in a restrictive setting or situation that disrupts existing relationships and limits new ones. The child may be losing or lacking age-peer friends and adult supporters. The child may not participate in social and recreational activities with age peers or adults and may be missing out on important life experiences. The child may not have an ongoing relationship with even one adult who provides positive support and guidance. Or, the child may have an inappropriate or harmful relationship with peers or adults or have an affiliation with a gang or very negative peer group. **1** ☐

- **Not Applicable.** The focus child is **under age 6 years**. **- OR -** The child is over 6 years of age but has a significant developmental disability and functions at a **mental age well under 6 years**. - OR - The child or youth is **residing in a restrictive or secure setting** and, thereby, presently lacks opportunities to social connection and support. Therefore, this review does not apply to the focus child in this review at this time. **NA** ☐

CHILD STATUS REVIEW 10: LAWFUL BEHAVIOR

LAWFUL BEHAVIOR: • Does the child/parent behave in legally responsible ways in daily community settings (as appropriate to age and developmental level)? • If involved with the juvenile/criminal justice system, is the child/parent complying with the court plan, avoiding reoffending, and developing appropriate friendships and activity patterns? [Past 30 days]

Children and parents should acquire and use good citizenship behaviors and life skills that demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety. The focus here is on lawful community behavior, engagement in socially appropriate activities (e.g., school activities, organized sports, community service projects), and where appropriate, the active avoidance of illegal activities (e.g., crime). If the child or youth has become involved with the juvenile justice system, a strong focus should be placed on preventing repeat offenses. A child or youth is considered to be at high risk of reoffending when two or more of the following **risk factors** are present: (1) family instability, including lack of parenting skills, child abuse/neglect, one or more close family members involved with the criminal justice system; (2) mental health or substance abuse by the child, or parent/caregiver or other close family member; (3) school problems, including academic failure, truancy, suspension, or expulsion; and (4) other problems including running away and gang affiliation. Prevention requires intensive services, tutoring, mentoring, supervision, and treatment for the child and family, which improves the parenting skills of the caregiver, increases academic and social skills for the child, and holds the child accountable for his/her behavior. Age and functional limitations in ability should be taken into account in making this review. This indicator is rated for the child and parent in the home. This review may be deemed to be not applicable for children under six years of age.

Determine from Informants, Plans, and Records

1. As appropriate to age and ability, how well and consistently does this child, caregiver, and others in the household demonstrate:
   - ☐ Civility in social interactions?
   - ☐ Respect for community norms and laws?
   - ☐ Respect for the property of others?
   - ☐ Respect for the privacy of others?
   - ☐ Respect for public safety?

2. Does the child/parent have an arrest record or current involvement with the court system due to illegal activities? Is this child under court supervision for delinquency? Does this youth have friends in gangs or is he/she a gang member?

3. If this child or youth has prior involvement with the juvenile justice system, is the child or youth following the court plan and actively avoiding reoffending?

4. Which risk factors for reoffending does this child or youth present?
   - ☐ Lack of family stability?
   - ☐ Victim of abuse/neglect?
   - ☐ Academic failure and related school problems?
   - ☐ Mental health or substance abuse problems?
   - ☐ Pre-delinquent behavior patterns (truancy, running away, gang affiliation, suspension/expulsion)?

5. What services are being provided to mitigate risks? Are these efforts working?

6. What positive influences and behavior supports are present and active in this child's life?

7. Does the parent model legal behavior in the home for the child and provide conditions in the home that promote respect toward others, compliance with community norms and laws, and resolution of conflict though peaceful means?

Facts Used in Rating Status

This child or youth is presently under:

- ☐ *Court supervision*
- ☐ *Detention/incarceration*
- ☐ *Probation*
- ☐ *Parole*

CHILD STATUS REVIEW 10: LAWFUL BEHAVIOR

Description and Rating of the Child's and Parent's Current Status

Description of the Status Situation Observed for the Child (Applying the same ratings to the child's parent) — Rating Level

- **Optimal Child/Parent Status.** The child is showing an **excellent lawful pattern of behavior** in all areas, consistent with age and ability. The child's daily interactions, habits, and attitudes fully and consistently demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have some prior involvement with the juvenile justice system but is showing a strong and ongoing pattern of appropriate life choices, affiliations, and activities. The child is fully and consistently compliant with all provisions of any court plan requiring restitution, community service, treatment, or community control. All risk factors for reoffending may be optimally mitigated by effective interventions and positive supports.

6
☐ Child/Youth
☐ Parent

- **Good Child/Parent Status.** The child is showing a **substantially good lawful pattern of behavior** in most areas, consistent with age and ability. The child's daily interactions, habits, and attitudes generally demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have some prior involvement with the juvenile justice system but is showing a positive and consistent pattern of appropriate life choices, affiliations, and activities. The child is generally compliant with all provisions of any court plan requiring restitution, community service, treatment, or community control. Many risk factors for reoffending may be substantially mitigated by effective interventions and positive supports.

5
☐ Child/Youth
☐ Parent

- **Fair Child/Parent Status.** The child is showing a **minimally adequate to fair lawful pattern of behavior**. The child's daily interactions, habits, and attitudes at least minimally demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety most of the time. The child may have some prior involvement with the juvenile justice system but is beginning to show a somewhat positive and consistent pattern of appropriate life choices, affiliations, and activities. The child is minimally compliant with provisions of any court plan requiring restitution, community service, treatment, or community control. Some risk factors for reoffending may be somewhat mitigated by interventions and supports.

4
☐ Child/Youth
☐ Parent

- **Marginal Child/Parent Status.** The child is showing **minor problems in lawful behavior**. The child's daily interactions, habits, and attitudes sometimes demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have some prior involvement with the juvenile justice system and is showing a limited or inconsistent pattern of appropriate life choices, affiliations, and activities. The child may be sometimes non-compliant with provisions of any court plan requiring restitution, community service, treatment, or community control. Some risk factors for reoffending are present.

3
☐ Child/Youth
☐ Parent

- **Poor Child/Parent Status.** The child is presenting **substantial problems in lawful behavior and is not progressing**. The child's daily interactions, habits, and attitudes show substantial, ongoing problems with civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have prior involvement with the juvenile justice system and may be showing a troubling pattern of inappropriate life choices, affiliations, and activities. The child may be non-compliant with provisions of any court plan requiring restitution, community service, treatment, or community control. Many risk factors for reoffending are present and the child or youth may be engaged in minor illegal activities.

2
☐ Child/Youth
☐ Parent

- **Adverse Child/Parent Status.** The child is presenting **serious and worsening problems with lawful behavior**. The child's daily interactions, habits, and attitudes show serious and worsening problems with civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have prior involvement with the juvenile justice system and may be showing a criminal pattern of dangerous life choices, affiliations, and activities. The child may be defiant or non-compliant with provisions of any court plan requiring restitution, community service, treatment, or community control. The child or youth may be actively engaging in major illegal activities or may be placed in a secure facility.

1
☐ Child/Youth
☐ Parent

- **Not Applicable**. **Child:** The child is under age six or has life circumstances (e.g., being seriously developmentally disabled) that limit choices, understanding of consequences, or the ability to engage in illegal activities. **Parent:** The child/youth is free for adoption and living in a congregate setting.

NA
☐ Child/Youth
☐ Parent

SECTION 3

CAREGIVER STATUS INDICATORS

Parent/Caregiver Status Indicators

CAREGIVER STATUS REVIEW 11A: CAREGIVER SUPPORT OF THE CHILD

CAREGIVER SUPPORT OF THE CHILD: • Are the parents or foster caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? • If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the needs? [Past 30 days]

FOR A CHILD LIVING WITH A BIRTH PARENT, RELATIVE, FOSTER PARENT, ADOPTIVE PARENT, OR LEGAL GUARDIAN

The child's birth parents or current custodial parents are considered to be the primary caregivers for the child. The primary caregivers responsible for the child should have the **capacities, availability, and willingness** to meet the child's basic care and development needs reliably on a daily basis. This expectation also applies to a child who may have extraordinary physical, emotional, and/or behavioral needs and life problems to be met at home. Such a child may increase demands on the time, attention, skills, financial resources, and patience required of caregivers for the child's supervision, physical care, training, and direction. Added caregiver training, in-home supports, respite care, and material assistance may be necessary to meet the needs of the child and extend the capacities of the caregiver. When the child's primary caregiver has functional limitations (physical or mental), added supports provided in the home by other family members or paid providers may be used to overcome those functional limitations or added caregiving demands and to meet the special needs of the child. Expectations of adequate caregiver functioning and support apply to children living in a bio-family home, relative home, kinship home, foster home, or adoptive home. Status Rating 1a does not apply to group or institutional settings (use 1b instead).

Determine from Informants, Plans, and Records

1. Can the present caregiver perform necessary parenting functions reliably on a consistent daily basis?
   - ☐ Yes ☐ No If Yes, check statements that apply. If No:
   - ☐ Yes ☐ No Does the caregiver perform parenting functions willingly, adequately, and consistently on a daily basis for this child and for other children at home?
   - ☐ Yes ☐ No Is the home free of hazards that might endanger the children?
   - ☐ Yes ☐ No Are all children in the home adequately supervised? Is the caregiver able to arrange for adequate child care?
   - ☐ Yes ☐ No Are the children attending school on a daily basis and doing their homework?
   - ☐ Yes ☐ No Are substitute caregivers attending parent-teacher conferences and special school events?
   - ☐ Yes ☐ No Does the caregiver use praise, affection, emotional support, and age-appropriate discipline?
   - ☐ Yes ☐ No Is the caregiver accessing and using necessary community resources?
   - ☐ Yes ☐ No Does the caregiver follow the service plan, attend required meetings, and transport the child to his/her appointments?
   - ☐ Yes ☐ No Does the caregiver/staff meet this child's parenting needs and/or special needs?

2. Is there anything that might impair the caregiver's functioning?
   - ☐ Yes ☐ No If Yes, indicate and explain the reasons.
   - ☐ Yes ☐ No There are exceptional demands in the home (such as small children, high child/caregiver ratio, frail elderly, ill persons in the home, single parent family, social isolation).
   - ☐ Yes ☐ No The caregiver has problems of substance abuse.
   - ☐ Yes ☐ No The caregiver has a physical or mental disability.
   - ☐ Yes ☐ No The caregiver has a history of domestic violence.

Facts Used in Rating Status

Child currently lives with:

- ☐ *Birth parent*
- ☐ *Extended/kinship family*
- ☐ *Foster family*
- ☐ *Adoptive family*

CAREGIVER STATUS REVIEW 11A: CAREGIVER SUPPORT OF THE CHILD

Determine from Informants, Plans, and Records	Facts Used in Rating Status
3. If the caregiver's functioning is not adequate, are added supports being provided to meet the child's needs? ☐ Yes ☐ No If Yes, what kind of supports have been provided?	
4. If the child is in therapeutic foster care, do the foster parents receive adequate assistance to address the child's needs?	

Description and Rating of the Caregiver's Support of the Child

Description of the Status Situation Observed for the Child and Current Caregiver — Rating Level

- The child receives **optimal caregiving** in his/her current home and benefits from competent, consistent, and caring parenting. Where necessary, any extraordinary demands placed on the caregiver are balanced with training, practical assistance, support, and relief to meet the needs of the child and maintain the stability of the home. Such supports are both functional and of optimal intensity to assist the caregiver with extraordinary demands. If caregiver supports and services are necessary, they are fully effective in meeting the need. — **6** ☐

- The child receives **good caregiving** in his/her current home and has generally competent and caring parenting. Where necessary, most of the extraordinary demands placed on the caregiver are supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Such supports are functional and of sufficient intensity to assist the caregiver with extraordinary demands. If caregiver supports and services are necessary, they are substantially adequate and consistent in meeting the need. — **5** ☐

- The child receives **fair caregiving** in his/her current home and has minimally competent and caring parenting. Where necessary, any extraordinary demands placed on the caregiver or functional limitations of the caregiver are aided with training, practical assistance, in-home supports, and possibly protective supervision to meet the needs of the child and maintain the stability of the home. Assistance to the caregiver is minimally adequate for meeting extraordinary demands. There is minor concern regarding the stability of the placement. If caregiver supports and services are necessary, they are minimally adequate and consistent in meeting the need. — **4** ☐

- The child is experiencing **minor problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Where necessary, any extraordinary demands placed on the caregiver are not being adequately supported with the necessary training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Caregiver supports are inconsistent or of not enough intensity to meet extraordinary demands. Additional caregiver supports may not be available, dependable, or effective. There may be some concern about the stability of the placement. Some important needs may be infrequently unmet. — **3** ☐

- The child has **substantial and continuing problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Although necessary, extraordinary demands placed on the caregiver are not adequately supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Necessary supports are lacking in scope or intensity to meet the needs of the caregiver and/or child. There is growing concern regarding stability with placement disruption seen as possible. Consequences of the unmet needs to the child may be of substantial concern. — **2** ☐

- The child has **serious and worsening problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Although necessary, the caregiver is not receiving any useful or effective support, despite extraordinary demands placed on the caregiver. There is serious concern regarding stability and placement disruption is likely. Consequences of the unmet needs to the child may be of great immediate concern. — **1** ☐

CAREGIVER STATUS REVIEW 11B: GROUP CAREGIVER SUPPORT OF THE CHILD

GROUP CAREGIVER SUPPORT OF THE CHILD: Are the child's primary caregivers in the group home or facility supporting the education and development of the child adequately on a consistent daily basis?

FOR A CHILD LIVING IN A GROUP HOME OR RESIDENTIAL FACILITY

The child's group home should have one or more primary caregivers who are willing, available, and able to parent the child daily by:

- Assisting with the child's education by ensuring daily school attendance, assisting with homework and special projects.
- Encouraging and supporting the child's participation in extracurricular activities.
- Attending parent-teacher conferences, planning special services, and attending special school events.
- Meeting the child's basic needs for food, shelter, clothing, hygiene, and health care.
- Following through at the group home on special educational or therapeutic interventions for a special needs child.
- Meeting the child's basic emotional needs through praise, affection, emotional support, and age-appropriate discipline.
- Knowing the child's friends, pattern of activities, and whereabouts and providing oversight in reducing risk situations.
- Providing adequate supervision, feedback about behavior, corrective instruction, and logical consequences for misbehavior.
- Providing guidance and moral reasoning as the child moves through life stages and works through typical life problems.

These are routine primary caregiver activities that meet a child's needs for health, safety, love, attention, caring, development, socialization, and education. They also provide a basis for developing conscience, character, and good habits essential for personal responsibility. Primary caregiver activities should be done on an age-appropriate basis for the child in a group home. The primary focus of this exam is on caregiver-provided supports necessary for the child to be ready to learn, participate in school activities, and benefit from educational opportunities.

Determine from Informants, Plans, and Records	Facts Used in Rating Status
1. Who is the primary caregiver in the group home for this child (afternoon, evening, and weekend shifts)?	
2. Are the child's basic and special needs met on a consistent daily basis?	
3. Does the child come to school ready to learn and to participate?	
4. Is the child attending school on a daily basis?	
5. Does the child complete homework and special project assignments?	
6. Is the child encouraged and supported in participating in extracurricular activities provided through the school or community organizations?	
7. Do the child's caregivers attend teacher conferences, IEP meetings, and other activities related to the needs and progress of the child?	
8. Do the primary caregivers spend time with the child on a regular basis in support of school and education-related activities?	
9. Are the child's emotional needs met through praise, affection, emotional support, and age-appropriate discipline?	
10. Do the caregivers know their children's friends, activity patterns, and whereabouts and provide oversight necessary to reduce risks of harm to the children?	
11. Do the caregivers provide adequate supervision, feedback about behavior, corrective instruction, and logical consequences for misbehavior, including the child's school behavior and academic performance?	
12. As the child develops through adolescence and teenage years, are caregivers able to assist him/her with making critical life decisions regarding education, vocation, sexuality, religion, morality, or the use of substances?	

CAREGIVER STATUS REVIEW 11B: GROUP CAREGIVER SUPPORT OF THE CHILD

Determine from Informants, Plans, and Records	Facts Used in Rating Status
13. Do the caregivers provide positive rewards, feedback about behavior, and corrective instruction and use logical consequences for correcting misbehavior?	
14. Are supports and services being provided to assist caregivers in the group home? If so, do these seem to be adequate in meeting the needs of the child and caregivers? Do caregivers have access to sufficient and ongoing training?	

Description and Rating of Child/Caregiver's Current Status

Description of the Status Situation Observed for the Child and Current Caregiver — Rating Level

- **Optimal Caregiving.** The child always comes to school prepared and ready to learn, participates fully in the life of the school including extracurricular activities, and is benefiting from his/her educational opportunities as shown through excellent academic achievement. The child's basic and special needs are consistently met. Caregivers provide affection, discipline, logical consequences, and moral upbringing. Caregivers participate fully in teacher conferences, planning services, and special events. The child is assisted with homework, tutoring as needed, special assignments, and participation in extracurricular activities. **6** ☐

- **Dependable Caregiving.** The child usually comes to school prepared and ready to learn, participates occasionally in the life of the school including extracurricular activities, and is benefiting from his/her educational opportunities as shown through satisfactory academic achievement. The child's basic and special needs are generally met. Caregivers usually provide affection, discipline, logical consequences, and moral upbringing. Caregivers usually participate in teacher conferences and planning meetings. The child is usually assisted with homework and participation in extracurricular activities. **5** ☐

- **Minimally Adequate Caregiving.** The child comes to school minimally prepared and ready to learn, participates in a few extracurricular activities, and is benefiting from his/her educational opportunities as shown through fair academic achievement. The child's basic and special needs are minimally met. Caregivers provide affection and discipline. Caregivers occasionally participate in teacher conferences and planning meetings. The child is minimally assisted with homework and extracurricular activities. **4** ☐

- **Some Problems in Caregiving.** The child occasionally comes to school prepared and ready to learn, may participate in extracurricular activities, and is benefiting little from his/her educational opportunities as shown through poor academic achievement. The child's basic and special needs are inconsistently met. Caregivers provide inconsistent affection and/or inadequate or inappropriate discipline. Caregivers seldom participate in teacher conferences and planning meetings. The child is inconsistently or inadequately assisted with homework or extracurricular activities. Follow-through with special interventions is limited. Minor support problems are present. **3** ☐

- **Moderate and Continuing Problems in Caregiving.** The child rarely comes to school prepared and ready to learn. Any benefit from his/her educational opportunities is questionable, as shown through poor academic achievement. The caregiver may be unable to meet the caregiving demands within the home for some period of time. Basic care of children, supervision, and assistance lapse for extended periods of time. The child is likely to be doing poorly in school, sick, absent, truant, suspended, or expelled. Discipline may be absent, inappropriate, or excessive. Moderate support problems and their consequences are present. **2** ☐

- **Serious and Worsening Problems in Caregiving.** The child does not come to school prepared and ready to learn and is not benefiting from his/her educational opportunities, as shown by failing academic performance. The caregiver may be frequently absent or unable to perform parenting responsibilities within the home for extended periods of time. There is serious concern regarding basic care, supervision, and assistance for the children. The child is most likely doing poorly in school, sick, absent, truant, suspended, or expelled. Discipline is absent, inappropriate, or excessive. Serious support problems and their consequences are present. **1** ☐

CAREGIVER STATUS REVIEW 12: PARENTING CAPACITIES

PARENTING CAPACITIES: To what degree: • Does the parent, with whom the child is currently residing (box A) and/or has a goal of reunification (box B), present or experience a pattern of significant, on-going challenges that substantially limit or adversely affect the parent's capacity to function successfully as an adequate, reliable caregiver for this child?

(For a child living with the birth parent, relative, foster parent, or legal guardian mark box A. For a family with a goal of reunification with non-custodial parent/guardian rate non-custodial parent in box B. If TPR (Termination of Parent Rights) has occurred then rate only Box A. If the child is free for adoption but is living in congregate care setting then the indicator is NA.)

When the family is involved with the child welfare system for reasons of child maltreatment, the underlying reasons may be due to a combination of life challenges that limit and/or adversely affect the capacity of the parent to maintain safe and nurturing conditions for children in the home and the ability or willingness of the parent provide essential requirements for effective child-rearing. Such factor often include one or a combination of the following challenges:

- Limited cognitive abilities (mental retardation, traumatic brain injury)
- Substance abuse impairment or addiction
- Unlawful behavior and incarceration
- Serious mental illness (depression, bi-polar, schizophrenia)
- Domestic violence (repeated pattern, serious risk/injury)
- Serious illness or disabling physical condition
- Adverse effects of poverty (e.g., inadequate income; inadequate housing/homelessness; lack of child care, health care, transportation, etc.)
- Cultural or language barriers adversely affecting parenting abilities or doing child-rearing inconsistent with normative expectations in the US
- Non-US citizen without required documentation and unable to meet basic needs of the child or family
- Extraordinary demands placed on the parent (e.g., multiple children under age five; high child/caregiver ratio; frail elderly, mentally ill persons in the home; single caregiver attempting to meet an extraordinary care burden within the home)
- Life disruption and dislocation caused by natural disasters leading to homelessness and/or inability to meet child and family needs

The focus of this indicator is assessing the degree to which such factors currently pose serious challenges to the child's parent(s), resulting in limited abilities, opportunities, and attitudes necessary for maintaining safe conditions in the home and consistently meeting requirements for effective child-rearing.

Determine from Informants, Plans, and Service Records

1. **To what degree does the parent(s), whom the child is living with or has a goal of reunification, present significant, ongoing challenges that limit parenting capacities? Which if any of the following are underlying issues for this parent?**

   - Limited cognitive abilities (mental retardation, traumatic brain injury)
   - Substance abuse impairment or addiction
   - Unlawful behavior and incarceration
   - Serious mental illness (depression, bi-polar, schizophrenia)
   - Domestic violence (repeated pattern, serious risk/injury)
   - Serious illness or disabling physical condition

2. **Are there any life circumstances that might limit, disrupt, or overwhelm the parent's functioning?** If so, which ones:

   - Adverse effects of poverty (e.g., inadequate income; inadequate housing/homelessness; lack of child care, health care, transportation, etc.)
   - Cultural or language barriers adversely affecting parenting abilities or resulting in child-rearing inconsistent with normative US expectations
   - Non-US citizen without required documentation; unable to meet basic needs of the child or family but not eligible for assistance
   - Extraordinary demands placed on the parent (e.g., multiple children under age five; high child/caregiver ratio; frail elderly, mentally ill persons in the home; single caregiver attempting to meet an extraordinary care burden within the home)
   - Life disruption and dislocation caused by natural disasters leading to homelessness and/or inability to meet child and family needs

3. **To what degree do these challenges persist?** To what degree have these challenges been reduce via recent interventions?

CAREGIVER STATUS REVIEW 12: PARENTING CAPACITIES

Description and Rating of the Status Situation Observed for Parent/Caregiver

(Use box A to rate the situation for the caregiver with whom the child is currently residing. Use box B to rate the situation for the caregiver with whom the child is to be reunified, if applicable. If the child is free for adoption but is living in a congregate care setting then the indicator is NA.)

Description of the Status Situation Observed for the Parents or Caregivers — Rating Level

- **Optimal Parenting Capacities**: The parent/caregiver of the focus child presently presents/experiences no challenging symptoms, behaviors, or life circumstances that would disrupt, disable, or limit consistent and adequate parenting capacities or opportunities. Parenting capacities are not limited at this time.

6
☐ A. present
☐ B. reunify

- **Good Parenting Capacities**: The parent/caregiver of the focus child presently presents/experiences few, very infrequent, and only mildly disruptive or limiting symptoms, behaviors, or life circumstances that could reduce or limit consistent, adequate parenting capacities or opportunities. Parenting capacities always remain good even when such factors are present. Any risk of harm is minimal and is well-balanced with protective factors and other supports.

5
☐ A. present
☐ B. reunify

- **Minimally Adequate to Fair Parenting Capacities**: The parent/caregiver of the focus child presently presents/experiences some, recurring, mildly to moderately disruptive or limiting symptoms, behaviors, or life circumstances that somewhat reduce or limit consistent, adequate parenting capacities or opportunities. Parenting capacities generally remain minimally adequate to fair when such factors are present. Any risk of harm is low and fairly balanced with protective factors and other supports.

4
☐ A. present
☐ B. reunify

- **Marginal Capacities/Limiting Circumstances**: The parent/caregiver of the focus child presently presents/experiences some, recurring, mildly to moderately disruptive or limiting symptoms, behaviors, or life circumstances that reduce or limit consistent, adequate parenting capacities or opportunities. Parenting capacities may vary at moments in time from minimally adequate to occasionally inadequate when such factors are present, resulting in low to moderate risks of harm to children in the home, some of which may lack adequate protections or supports.

3
☐ A. present
☐ B. reunify

- **Inadequate Capacities/Major Life Challenges**: The parent/caregiver of the focus child presently presents/experiences significant, recurring, moderately to serious disruptive or limiting symptoms, behaviors, or life circumstances that substantially reduce or limit parenting capacities or opportunities. Parenting capacities may be frequently inadequate when such factors are present, resulting in moderate to high risks of harm to children in the home. Such limited parenting capacities prevent children from safely remaining or returning to the home at the present time.

2
☐ A. present
☐ B. reunify

- **Inadequate, Declining and/or Disrupted Capacities/Overwhelming Life Challenges**: The parent/caregiver of the focus child presently presents/experiences significant and worsening disruptive or limiting symptoms, behaviors, or life circumstances that fully limit parenting capacities or opportunities. Continued disruption or limitations in parenting capacities at this adverse level prevent children from safely remaining in the home and could result in termination of parental rights.

1
☐ A. present
☐ B. reunify

- **Not Applicable**: **EITHER**: The focus child is living with a permanent family, making box B not applicable; OR: The focus child/youth is freed for adoption and currently living in a congregate care setting, making boxes A and B both not applicable.

NA
☐ A. present
☐ B. reunify

CAREGIVER STATUS REVIEW 13: CAREGIVER PARTICIPATION IN DECISIONS

CAREGIVER PARTICIPATION IN DECISIONS: • To what degree are the child's caregivers ongoing participants (e.g., having a significant role, voice, influence) in decisions made about the child's life situation, educational, treatment, and support services? [Most recent planning meetings]

As the child's first and foremost teacher and as the child's legal and primary advocate, the caregiver (including: parents, relatives, foster and adoptive parents, or legal guardians) should be an able, active, and ongoing partner in the child's education and/or treatment. Ideally, the caregiver should support the child by:

- Knowing and explaining the child's/family's strengths, needs, preferences and challenges so that others may understand and assist.
- Attending team meetings and shaping key decisions about life goals, intervention strategies, special services, and essential supports.
- Fulfilling a lead role and providing the voice and views of the child and family when advocating for needs, supports, and services.
- Following through at home on educational or therapeutic interventions for a special needs child.
- Encouraging and supporting the child's participation in extracurricular and recreational activities that build social supports.

To fulfill the role of child advocate and supporter, the caregiver should be engaged as a service partner in assessing needs, making plans, implementing and monitoring services, and evaluating results and outcomes. In some cases, caregivers may experience circumstances that reduce ability or opportunity to participate as a major partner. Working single caregivers may lose income if required to attend meetings during school hours. Caregivers with extraordinary demands in the home or other caregivers with special needs of their own may have difficulty participating without special accommodations or support. The service team has an obligation to engage the caregiver as a partner in decision making, to make accommodations and provide supports where necessary to facilitate caregiver participation, or to provide a capable and willing surrogate caregiver when parents are unable to fulfill this critical role. The surrogate should come prepared to participate in decisions made on behalf of the child. This means knowing the child, visiting with the teacher, and knowing the situation.

Determine from Informants, Plans, and Service Records

1. Where and with whom does the child live: biological parents, foster parents?
2. How often do the child's caregivers attend teacher conferences, service team meetings, and other activities related to the needs and progress of the child?
3. How well does the child's caregiver know and explain child and family strengths, needs, challenges and preferences to others involved in the services processes?
4. How well is the parent fulfilling a lead role and providing the voice and views of the child and family when advocating for needs, supports, and services.
5. Is the child encouraged and supported in participating in extracurricular activities provided through the school or community organizations?
6. Are there any factors that substantially and repeatedly prevent or reduce the caregiver's opportunity or ability to function as an advocate for the child in matters related to interventive services or to the child's situation and performance at school or in the community? If so, what are these factors?
7. If there are factors that substantially and repeatedly prevent or reduce the caregiver's opportunity or ability to function effectively in matters related to the child's service situation, has the service team offered special accommodations or supports to the caregiver to facilitate effective participation? If so, have they been accepted by the caregiver and has this improved participation? If accommodations or supports have not been offered, why not?

Facts Used in Rating Status

CAREGIVER STATUS REVIEW 13: CAREGIVER PARTICIPATION IN DECISIONS

Determine from Informants, Plans, and Service Records	Facts Used in Rating Status
8. If the caregiver is unable to function as an effective partner, has a surrogate caregiver been assigned by the service team? If not, why not? If so, is this person functioning as a knowledgeable and prepared advocate for the child?	

Description and Rating of the Caregiver's Current Status

Description of the Status of Caregiver Participation and Advocacy for the Child and Family — Rating Level

- **Optimal caregiver participation.** The child's caregiver is a full and effective partner in all aspects of assessment, service planning, implementation and monitoring, and evaluation of results. **6** ☐
- **Substantial caregiver participation.** The child's caregiver is a substantial and contributing partner in most aspects of assessment, service planning, implementation and monitoring, and evaluation of results. **5** ☐
- **Minimal caregiver participation.** The child's caregiver is a fair participant in some aspects of assessment, service planning, implementation and monitoring, and evaluation of results. **4** ☐
- **Marginal caregiver participation.** The child's caregiver is a limited or inconsistent participant in a few aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The caregiver may have limiting circumstances, may not have been offered accommodations or supports, or may not wish greater participation even with offered accommodations or assistance. **3** ☐
- **Inadequate caregiver participation.** The child's caregiver seldom participates in any aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The caregiver may have limiting circumstances, may not have been offered acceptable accommodations or supports, or may not wish greater participation even with offered accommodations or assistance. **2** ☐
- **No caregiver participation or educational advocacy.** The child's caregiver has not participated in any aspects of assessment, service planning, implementation and monitoring, and evaluation of results within the past 12 months. The child may be receiving services in a hospital, residential setting, detention center, or alternative educational placement situation and "lost" from the home school. The child may have been removed from the family home by child protective services and placed in a foster home, resulting in ambiguity surrounding parental responsibilities for educational advocacy. **- OR -** No surrogate caregiver has been identified and assigned to serve this child who otherwise lacks an educational or treatment advocate. The child presently lacks effective educational/treatment advocacy and may be adversely affected by a lack of needed services and loss of educational opportunities in his/her present situation. **1** ☐

CAREGIVER STATUS REVIEW 14: SUBSTANCE USE

SUBSTANCE USE: • To what degree is the caregiver free from substance use impairment? • If the caregiver is in recovery from a substance use disorder, is the family home atmosphere supportive of recovery efforts? [Past 30 days]

While any alcohol or substance use is problematic and warrants attention; there are varying degrees and types of substance use resulting in subsequent life impairment. **Substance is defined** as an illicit substance, misuse of over-the-counter medications, misuse of prescribed medications, and/or misuse of chemicals. Parents or caregivers with substance use disorders often have impaired parenting abilities and create chaotic home environments. Early identification and treatment of substance use disorders in the parent/caregiver will contribute to improved functioning and positive outcomes.

Caregives should maintain a lifestyle free of substance use. Impairment arising from use of these substances poses potential harm to the caregiver's physical and emotional well-being. If using substances, caregivers should be making reasonable progress toward recognizing problems with substance use, increasing motivation to "take charge" of reducing their own substance use, lowering the impairment and risks associated with substance use, and decreasing the use of substances.

Determine from Informants, Plans, and Records

1. Has the parent/caregiver been screened for substance use disorder? If so, when and with what recent findings?
2. Is there any history of alcohol or substance use by the caregiver? If yes, what type of substance is used, what method is used, how often is the substance used, and what are the consequent life problems?
3. Does the parent/caregiver have a substance use disorder? Is the climate in the home supportive of treatment and recovery efforts?
4. Is the caregiver using substances in isolation?
5. Is substance use related to other high risk behavior (needle sharing, sexual activity, DUI, etc.)?
6. Is substance use causing functional impairment (problems with family/community, difficulty with employment)?
7. Has substance use led to criminal activity or involvement with police or courts?
8. What level of motivation does the caregiver have for obtaining/maintaining a substance-free lifestyle?
9. Is the caregiver currently receiving treatment for substance use? Has the caregiver needed and/or received treatment for substance use within the past year?
10. If treatment for substance use has been received and completed, has relapse presented as a problem? If so, how often? Is relapse prevention being pursued?

Facts Used in Rating Status

STAGES OF CHANGE:

Five stages of change are defined as:

- *Precontemplation: no intention to change behavior; may be unaware of problems or opportunities.*
- *Contemplation: are aware of problems or opportunities; thinks about acting, upon it but has not made a commitment to take action.*
- *Preparation: combines intention with early behaviors; planning to take action within the next month.*
- *Action: activities are being undertaken to modify behavior and take advantage of opportunities with commitment of time and energy.*
- *Maintenance: person works to make and consolidates gains while acting to prevent relapse or loss; may enter this stage within six months of behavior change.*

CAREGIVER STATUS REVIEW 14: SUBSTANCE USE

Description and Rating of the Caregiver's Current Status

Description of the Status Situation Observed for the Caregiver — Rating Level

- **Optimal Status**. The caregiver in the home are fully free from substance use impairment at this time. If the caregiver has experienced substance use impairment in the past, the person has maintained sobriety for at least 12 months without relapse. The social climate in the home is fully supportive of recovery efforts. **6** ☐

- **Good Status**. The caregiver in the home are free from substance use impairment at this time. If the caregiver has experienced substance use impairment in the past, the person has maintained sobriety for at least six months without relapse. The social climate in the home is generally supportive of recovery efforts. **5** ☐

- **Fair Status**. The caregiver may have had recent substance use, but impairment is substantially reduced or limited and daily functioning is at a minimally adequate level. The person may be actively participating in an appropriate treatment program. The person may be showing progress in treatment. The social climate in the home is somewhat supportive of recovery efforts. **4** ☐

- **Marginal Status**. The caregiver has mild to moderate substance use impairment that may result in some negative consequences or adversely affects functioning in daily settings. The person may be receiving treatment but may be making little progress. The social climate in the home may not be very supportive of recovery efforts. **3** ☐

- **Poor Status.** The caregiver may have an established pattern of substantial and continuing substance use impairment. The person has moderate to serious substance use that results in very negative consequences and/or substantial functioning limitations. The person may be continuing to use substances and may not be making progress in a treatment program. The social climate in the home may substantially undermine recovery efforts. **2** ☐

- **Adverse Status.** The caregiver has **serious and worsening substance use impairment**. The person has serious life-threatening substance use patterns that result in significant negative consequences and/or major functional limitations and may cause restriction in an institutional setting. The person's substance use is worsening. The social climate in the home may actively support continued substance use and possibly other illegal activities. **1** ☐

- **Not Applicable.** The caregiver has no history of substance use impairment. This indicator does not apply at this time. **NA** ☐

CAREGIVER STATUS REVIEW 15: SATISFACTION WITH SERVICES/RESULTS

SATISFACTION WITH SERVICES/RESULTS: To what extent are the child/youth and primary caregiver satisfied with the supports, services, and service results they presently are experiencing? [Satisfaction over the past 90 days or since the beginning of the current service/treatment plan]

(For children age six and older and non-institutional caregivers) Satisfaction includes the views of the caregiver(s) and the child who is the focus of the review. If the child lives with his/her parents, relative, foster parent, or group home parent, then that person's views are solicited. If the child is being served temporarily in a residential treatment setting or hospital and will be returning home, then the views of the caregiver to whom the child will be returned is solicited. If the child is in a residential treatment setting and the future caregiver is unknown, then the caregiver part of the question should be noted as not applicable. Caregiver satisfaction is concerned with the degree to which the child and caregiver receiving services believe that those services are appropriate for their needs; respectful of their views and privacy; convenient to receive; tolerable (if imposed by court order); pleasing (if voluntarily chosen); and, ultimately, beneficial in effect. Satisfaction extends to:

- **Participation** in decisions and plans made for the benefit of the child and his/her caregiver.
- Feelings of **respect** for their views and preferences in the planning and delivery of services.
- Belief that a **good mix and match** of supports and services is offered that well fits their situation.
- Appreciation for the **quality/dependability** of assistance and support provided.
- Feelings that circumstances are better now than before or are **getting better** because of the supports and services.

Children and caregivers should be generally satisfied with services, taking into account that services may not always be voluntary.

Determine from Informants, Plans, and Records

1. How satisfied are the child and parent with their role and impact (voice, views, influences, and choices) in shaping decisions made about intervention strategies, services, and supports being provided to the child and family?

2. Do they feel respected when sharing their views and preferences in the planning and delivery of services?

3. Do the believe that they were offered reasonable alternatives from which to choose when selecting intervention strategies, services, supports, and providers?

4. To what degree do the child and caregiver agree with and support the combination and sequence of strategies, supports, and services that being offered and provided to the child and family?

5. Are they satisfied with the present mix and match of services being offered and provided? If not, what would they change?

6. How do they rate the quality and dependability of their current services and the providers of services?

7. How do the rate the effectiveness of current strategies, services, and supports in getting results they were seeking?

Facts Used in Rating Status

CAREGIVER STATUS REVIEW 15: SATISFACTION WITH SERVICES/RESULTS

Determine from Informants, Plans, and Records	Facts Used in Rating Status
9. If the child lives in a foster or group home, does the caregiver feel adequately supported in serving this child?	
10. If the child presently resides in a residential treatment setting, are the receiving caregivers back home satisfied with the nature, quality, and results of the residential services provider?	

Description and Rating of the Child's and Caregiver's Current Status

Description of the Status Situation Observed for the Caregiver — Rating Level*

- The respondent reports **optimal satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved presently exceed a high level of consumer expectation. The respondent "couldn't be more pleased" with the service situation and his/her recent experiences and interactions with service personnel.

6
☐ Child
☐ Caregiver

- The respondent reports **substantial satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved generally meet a moderate level of consumer expectation. The respondent is "generally satisfied" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are minimal.

5
☐ Child
☐ Caregiver

- The respondent reports **minimal satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved minimally meet a low-to-moderate level of consumer expectation. The respondent is "more satisfied than disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are occasional and/or minor.

4
☐ Child
☐ Caregiver

- The respondent reports **mild dissatisfaction** with current supports and services. The quality, fit, dependability, and results being achieved do not minimally meet a low-to-moderate level of consumer expectation. The respondent is "a little more disappointed than pleased" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are recent and substantive.

3
☐ Child
☐ Caregiver

- The respondent reports **moderate and continuing dissatisfaction** with current supports and services. The quality, fit, dependability, and results being achieved do not meet a low-to-moderate level of consumer expectation. The respondent is "consistently disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are substantial and continuing over time.

2
☐ Child
☐ Caregiver

- The respondent reports **substantial and growing dissatisfaction** with current supports and services. The quality, fit, dependability, and results being achieved fail to meet any reasonable level of consumer expectation. The respondent is "greatly and increasingly disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Complaints and disappointments may be longstanding, significant, and increasing in their scope and intensity.

1
☐ Child
☐ Caregiver

- **This indicator does not apply or cannot be applied** to this person at this time.

NA
☐ Child
☐ Caregiver

SECTION 4

CHILD PROGRESS INDICATORS

PROGRESS 1: REDUCTION OF PSYCHIATRIC SYMPTOMS/SUBSTANCE USE

REDUCTION OF SYMPTOMS/SUBSTANCE USE: To what extent are the target psychiatric symptoms and/or substance use patterns that caused impairments that have led to adverse impact being reduced for this child?

A child receiving treatment for emotional/behavioral disorders has one or more diagnoses based on specific psychiatric symptoms (e.g., binge eating, panic attacks, or hallucinations), targeted maladaptive behaviors (e.g., pica, SIB, or hitting), or substance use that are to be reduced or eliminated via treatment intervention(s). As a result of treatment intervention and support, targeted symptoms and/or substance use patterns are expected to diminish as daily functioning is improved or restored. Often, the reduction of targeted symptoms or substance use behaviors is coupled with targeted increases in the development of coping skills to manage symptoms that cannot be fully eliminated via medications or to build functional replacement behaviors that remove the reinforcement value of maladaptive behaviors while increasing the child's use of pro-social skills. The targeted increases in coping skills and/or functional replacement behaviors are addressed in Progress Review 2. Improved Coping & Self-Management. The reduction of targeted symptoms or drug use is addressed in this indicator, Progress Review 1.

Targeted symptoms, maladaptive behaviors, and/or substance use provide the basis for treatment interventions. Effective treatment response should be accompanied by reduction in targeted symptoms and, hopefully, restoration or improvement of the child to an adequate level of daily functioning at school and home. Children receiving appropriate treatment are expected to show reduction in symptoms, behavioral episodes, and/or substance use over the course of treatment. Application of this indicator to a child being reviewed requires that:

1. One or more psychiatric symptoms causing functional impairments and/or one or more maladaptive behaviors/substance use patterns causing adverse impact have been identified and targeted for reduction via planned treatment intervention(s).
2. Baseline information on the nature, frequency, and severity of the symptoms or maladaptive behaviors/substance use was taken and is being used for subsequent database comparisons to track frequencies and intensities over time.
3. Planned treatment interventions have been delivered for a period of 60 days or longer.
4. Current (within the past 30 days) tracking information (quantitative or anecdotal or both) is available for examination by the reviewer to use as a basis for rating this indicator. [Missing tracking information will be reflected in the rating process.]

The purpose of this review is to determine the child's progress in the reduction of symptoms, maladaptive behaviors, and/or substance use associated with the disorder or condition being treated. The reviewer should use the scale provided to report the degree of progress made in symptom reduction reported by informants and records in this case. The reviewer should examine change over the past six months [or since the targeted treatment intervention began, if less than six months]. If multiple targets are being treated and tracked, the reviewer should focus on the targeted symptoms or maladaptive behaviors that were most troublesome to the child and others when rating this indicator. If treatment interventions (e.g., medications, psychotherapy, behavioral management techniques) are being used without data-driven tracking and adjustment, this practice deficit should be reflected, as appropriate to the case circumstances and impact, in the ratings made for assessment, service implementation, tracking and adjustment, medication management, and effective results. This indicator does not apply to a child for whom no psychiatric symptoms, maladaptive behaviors, or substance use are being or have been targeted for treatment intervention within the past six months.

Progress Probes for Review Use

1. Have one or more psychiatric and substance use symptoms or maladaptive/substance use behaviors been targeted and treated for this child within the past six months?
2. Was specific baseline data collected on each targeted symptom or behavior at the time it was selected for treatment intervention? Is it available for review?
3. Have targeted and treated psychiatric and substance use symptoms or maladaptive behaviors been tracked via data collection over time for each targeted symptom or behavior?
4. To what degree have the targeted symptoms or behaviors been reduced via treatment intervention(s) over the past six months?

Facts Used in Rating Status

Note

The reviewer determines and rates any changes observed in the child's psychiatric symptoms and/or substance use patterns occurring over the past 180 days or since admission if less that 180 days.

PROGRESS 1: REDUCTION OF PSYCHIATRIC SYMPTOMS/SUBSTANCE USE

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child or Youth — Rating Level

- **Optimal Progress.** Tracking information on major symptoms/behaviors/substance use being treated reveals that **excellent progress** is being made in reducing targeted symptoms/behaviors/use patterns at a level **well above expectation**. **- OR -** The disorder is now in partial-to-full remission/sobriety and there are no longer any symptoms or signs of disorder or the adverse effect of any remaining symptoms/use are fully and effectively managed by the person using coping strategies and skills. Functioning has been restored to previous levels or has been advanced to a level necessary for adequate functioning in daily settings.

6
☐ Sympt/Beh
☐ Sub Use

- **Good Progress.** Tracking information on major symptoms/behaviors/substance use being treated reveals that the child is making **good progress** in reducing targeted symptoms/behaviors/use patterns at a level **somewhat above expectation**. **- OR -** The disorder is now at a mild level with few, if any, symptoms in excess of those required to make a diagnosis. Symptoms/use result in no more than rare, minor functional impairments in social, school, or work settings.

5
☐ Sympt/Beh
☐ Sub Use

- **Fair Progress.** Tracking information on major symptoms/behaviors/use patterns being treated reveals that the child is making **fair progress** in reducing targeted symptoms/behaviors/use at a level **somewhat near expectation**. **- OR -** The disorder is now at a mild-to-moderate level with some symptoms or functional impairments still present in social, school, or work settings.

4
☐ Sympt/Beh
☐ Sub Use

- **Marginal Progress.** The child is making **limited or inconsistent progress** in reducing targeted symptoms/behaviors, and/or use patterns at a level **somewhat below expectation**. **- OR -** The disorder is now at a moderate level with substantial symptoms or functional impairments present in social, school, or work settings. Tracking data available may be somewhat limited, inconsistent, or dependent on anecdotal statements with somewhat limited information based on tracked frequency and intensity of episodes.

3
☐ Sympt/Beh
☐ Sub Use

- **No Progress.** The child is making **little or no consistent progress** in reducing targeted symptoms/behaviors/use patterns. **- OR -** The disorder is now at a moderate-to-severe level with many symptoms and marked functional impairments present in social, school, or work settings. Risks of restriction, isolation, regression, addiction, or injury may be present and increasing. Tracking data available may be very limited, inconsistent, or totally dependent on anecdotal statements with little or no information based on tracked frequency and intensity of episodes.

2
☐ Sympt/Beh
☐ Sub Use

- **Decline.** The child's **symptoms, maladaptive behaviors, and/or use patterns are increasing and intensifying**. Serious symptoms/substance use and increasing functional limitations may be present across settings. Risks of increased restriction, isolation, regression, addiction, or injury may be high. Quantitative tracking data on targeted symptoms/behaviors may be entirely missing with treating professionals relying only on sketchy anecdotal information, possibly obtained from persons who are unreliable or who have had very little contact with the child in the settings where troublesome symptoms/behaviors/use patterns are occurring.

1
☐ Sympt/Beh
☐ Sub Use

- **Not Applicable.** This child had not received treatment interventions for targeted psychiatric symptoms or serious maladaptive behaviors within the past six months. Therefore, this indicator does not apply to this child at this time.

NA
☐ Sympt/Beh
☐ Sub Use

PROGRESS REVIEW 2: IMPROVED COPING/SELF-MANAGEMENT

IMPROVED COPING/SELF-MANAGEMENT: To what extent has the child demonstrated adequate progress over the past six months, consistent with the child's age and ability, in building appropriate coping skills that manage lingering psychiatric symptoms, prevent relapse from substance abuse recovery, and/or gaining functional behaviors and self-management skills?

A child receiving treatment for emotional/behavioral/substance use disorders has one or more diagnoses based on specific psychiatric symptoms (e.g., binge eating, panic attacks, or hallucinations), targeted maladaptive behaviors (e.g., pica, SIB, or hitting), and/or substance use patterns that are to be reduced or eliminated via treatment intervention(s). As a result of treatment intervention and support, targeted symptoms of disorders are expected to diminish as daily functioning is improved or restored. The reduction of targeted symptoms, maladaptive behaviors, or substance use should be coupled or paired with targeted increases in the development of coping skills to manage symptoms that cannot be fully eliminated via medications or to build functional replacement behaviors that remove the reinforcement value of maladaptive behaviors/substance use while increasing the child's use of pro-social and self-management skills to get needs met appropriately. The targeted increases in coping skills, functional replacement behaviors, and/or self-management is addressed in this indicator, Progress Review 2. The reduction of targeted symptoms, maladaptive behaviors, and/or substance use is addressed in Progress Review 1.

Increasing resiliency/drug abstinence in children who struggle with lingering psychiatric symptoms or drug use relapse tendencies, which may be reduced but not eliminated with treatment, requires that the child develop and use active coping strategies and skills to function effectively in daily settings. Similarly, good practice requires that targeted maladaptive behaviors/substance use patterns be paired with functional replacement behaviors that offer the child new strategies and pro-social skills to rely on in daily settings as maladaptive behaviors/substance use are being reduced and eliminated. The focus of this indicator is placed on the progress being made by the child in building and using coping skills and/or functional replacement behaviors in daily settings as troublesome symptoms, maladaptive behaviors or substance use are being reduced via treatment intervention(s). Effective treatment response should be accompanied by reduction in targeted symptoms/behaviors/drug use with concurrent improvement of the child to an adequate level of daily functioning at school and home. Concurrent with the reduction of symptom/maladaptive behaviors/drug abstinence, the child is expected to build and demonstrate increasingly successful use of coping skills, functional replacement behaviors, and/or self-management strategies in the child's daily settings. Baseline measures should be taken on targeted coping skills or targeted replacement behaviors to provide a basis for subsequent comparisons and tracking over time. Application of this indicator to a child being reviewed requires that:

1. One or more psychiatric symptoms/substance use issues causing functional impairments and/or one or more substance use behaviors causing adverse impact have been identified and targeted for reduction or elimination via planned treatment intervention(s). For each symptom or behavior, one or more targeted coping skill or replacement behavior has been set for acquisition and demonstration.

2. Baseline information on the nature, frequency, and severity of the symptoms or maladaptive behaviors was taken and is being used for subsequent database comparisons to track frequencies and intensities over time. Baseline information on presentation and use of each targeted coping skill or replacement behavior was taken and is being used to track acquisition and use concurrent with the reduction of psychiatric symptoms or substance use behaviors.

3. Planned treatment interventions, including skill acquisition, have been delivered for a period of 60 days or longer.

4. Current (within the past 30 days) tracking information (quantitative or anecdotal or both) is available for examination by the reviewer to use as a basis for rating this indicator. [Missing tracking information will be reflected in the rating process.]

The purpose of this review is to determine the child's progress in acquisition and use of coping skills and/or functional replacement behaviors associated with the treated disorder. The reviewer should use the scale provided to report the degree of progress made in daily coping and/or use of functional replacement behaviors reported by informants and records. The reviewer should examine change over the past six months [or since the targeted treatment intervention began, if less than six months]. If multiple targets are being treated and tracked, the reviewer should focus on the targeted coping skills or functional replacement behaviors that are most important and useful to the child and others when rating this indicator. If treatment interventions (e.g., medications, psychotherapy, behavioral management and training techniques) are being used without data-driven tracking and adjustment, this practice deficit should be reflected, as appropriate to the case circumstances and impact, in the ratings made for assessment, service implementation, tracking and adjustment, medication management, and effective results. This indicator does not apply to a child for whom no psychiatric symptoms or maladaptive behaviors are being or have been targeted for treatment intervention using acquisition of coping skills or functional replacement behaviors within the past six months.

PROGRESS REVIEW 2: IMPROVED COPING/SELF-MANAGEMENT

Progress Probes for Review Use

1. Have one or more psychiatric symptoms or maladaptive behaviors been targeted for coping skill acquisition or functional replacement behaviors within the past six months?
2. Was specific baseline data collected on each coping skill or replacement behavior at the time it was selected for treatment intervention? Is it available for review? How has this data been used to track acquisition and use in this case?
3. Have targeted coping skills or replacement behaviors been tracked via data collection over time and linked to each targeted symptom or behavior?
4. To what degree have the targeted coping skills or replacement behaviors been gained and used via treatment intervention(s) over the past six months?

Facts Used in Rating Status

Note

The reviewer determines and rates any changes observed in the child's coping skills and self-management abilities occurring over the past 180 days or since admission if less that 180 days.

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child — Rating Level

- **Optimal Progress.** The child is demonstrating positive gains in coping skills, functional replacement behaviors and/or self management abilities in daily settings **above expectation**, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, tracking data collected on the frequency of skill use, and evidence of **optimal progress** toward achievement of planned intervention goals related to the targeted behaviors. — **6** ☐
- **Good Progress.** The child is demonstrating positive gains in coping skills, functional replacement behaviors and/or self management abilities **at expectation**, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, tracking data collected on the frequency of skill use, and evidence of **good progress** toward achievement of planned intervention goals related to the targeted behaviors. — **5** ☐
- **Fair Progress.** The child is demonstrating positive gains in coping skills, functional replacement behaviors and/or self management abilities **near expectation**, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, tracking data collected on the frequency of skill use, and evidence of **minimally adequate to fair progress** toward achievement of planned intervention goals related to the targeted behaviors. — **4** ☐
- **Marginal Progress.** The child is demonstrating limited or inconsistent gains in coping skills, functional replacement behaviors and/or self management abilities **below expectation**, based on the child's daily functioning in home and school settings and activities and evidence of **somewhat inadequate progress** toward achievement of planned intervention goals related to the targeted behaviors. Tracking data available may be somewhat limited, inconsistent, or dependent on anecdotal statements with somewhat limited information based on tracked skill acquisition. — **3** ☐
- **Poor Progress.** The child is performing **well below expectation** in gaining coping skills, functional replacement behaviors and/or self management abilities. Tracking data available may be very limited, inconsistent, or totally dependent on anecdotal statements with little or no information based on tracked skill acquisition and use. — **2** ☐
- **Regression.** The child is **regressing** in the areas targeted for skill acquisition or functional behavior replacement. Quantitative tracking data on skill acquisition and use may be entirely missing with treating professionals relying only on sketchy anecdotal information, possibly obtained from persons who are unreliable or who have had very little contact with the child in the settings where skills are to be used. — **1** ☐
- **Not Applicable.** This child has not received treatment interventions for targeted coping skills or functional replacement behaviors within the past six months. Therefore, this indicator does not apply to this child at this time. — **NA** ☐

PROGRESS REVIEW 3: SCHOOL/WORK PROGRESS

SCHOOL/WORK PROGRESS: To what extent has the child demonstrated adequate progress over the past six months, consistent with the child's age and ability, in his/her assigned academic or vocational curriculum or work situation?

The child is expected to be making progress in school or employment. Each child/youth is expected to be actively engaged in developmental, educational, and/or vocational processes that are enabling the child/youth to build skills and functional capabilities at a rate and level consistent with age and abilities. Each child/youth has an assigned curriculum (e.g., general education, with or without necessary accommodations and/or modifications, or an alternative curriculum with related assessments and instruction, special education alternative curriculum, vocational curriculum, work experience program, GED program curriculum, or post-secondary courses). If the child/youth has completed or dropped out of school and is working, then progress in satisfying expectations of the employer and making career advancement is the focus of rating progress in this review. If the child/youth is not in school and not working, then this review does not apply. Application of this indicator to a child being reviewed requires that:

1. The child/youth has been engaged in an educational or vocational curriculum or work situation over the past six months.

2. Information about the child/youth's performance in the curriculum or work situation from six months ago be available for examination by the reviewer. Such information may include teacher reports, grades, and academic or vocational assessments.

3. Current information about the child/youth's performance in the curriculum or work situation be available for examination by the reviewer. Such information may include teacher reports, grades, and academic or vocational assessments made within the past month.

4. The reviewer be able to determine the expected and actual pace and level of change that has occurred over the past six months. Teacher or employer reports gathered via interviews may be relied upon by the reviewer in making a determination and rating for this indicator. [Missing progress information will be reflected in the rating process.]

The purpose of this review is to determine the pace and extent of the child's progress [relative to expectation] made in educational achievement, vocational skill progression, or improving work skills and competencies demonstrated on the job occurring over the past six months. The reviewer should gauge expectation levels for the child's progress based on curriculum goals, content to be covered, and recent assessments and grades, taking into account any special accommodations made for the special needs of the student or alternative goals set in an IEP made for the child. The expectations of teachers or employers should be considered also when rating this indicator. The reviewer should use the scale provided to report the degree of progress made by this child over the past six months. The reviewer should examine change over the past six months. If instruction and training are being provided without progress assessment, reporting, and feedback, this practice deficit should be reflected, as appropriate to the case circumstances and impact, in the ratings made for assessment, service implementation, tracking and adjustment, and effective results. This indicator does not apply to a child for whom no educational, vocational, or employment activities have been conducted over the past six months. Special circumstances that account for this learning opportunity deficit should be explained by the review in the oral and written case reports. *[Note: **Status Review 8: Academic Status**, focuses on the current status at the time of the review while **Progress Review 3: School/Work Progress**, focuses on progress made over the past six months.]*

Progress Probes for Review Use

1. Has this child been engaged in an educational, vocational, or employment situation over the past six months? If not, why not?

2. What pace and level of educational, vocational, or employment progress was expected and accomplished over the past six months?

3. What information is available to support the degree of progress made? How confident are you in the accuracy of this information? How has this information been used by interveners involved with this child and family?

4. To what degree is the progress achieved consistent with expectations?

Facts Used in Rating Status

NOTE:

Consider the degree to which the child is meeting essential requirements for grade-level promotion, course completion, and/or IEP goal attainment. How well is the child's progress over the past six months helping the child to meet curriculum-based or IEP-based performance expectations that are being applied to this child?

The reviewer determines and rates any changes occurring in the child's academic/work progress observed over the past 180 days or since admission if less that 180 days.

PROGRESS REVIEW 3: SCHOOL/WORK PROGRESS

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child — Rating Level

- **Optimal Progress.** The child/youth is making excellent rates and levels of progress in all or nearly all areas [as measured from an earlier performance baseline and/or from standardized academic assessments in the child's curriculum]. This high level of progress is supported by teacher reports, routine assessments of progress, grades, grade-level promotions, and course completion. **- OR -** He/she is making excellent progress in satisfying expectations of an employer necessary for maintaining employment and making career advancement. — **6** ☐

- **Good Progress.** The child/youth is making good and consistent rates and levels of progress in most areas [as measured from an earlier performance baseline and/or from standardized academic assessments in the child's curriculum]. This favorable level of progress is supported by teacher reports, routine assessments of progress, grades, grade-level promotions, and course completion. **- OR -** He/she is making good and substantial progress in satisfying expectations of an employer necessary for maintaining employment and making career advancement. — **5** ☐

- **Fair Progress.** The child/youth is making minimally adequate to fair rates and levels of progress in key areas [as measured from an earlier performance baseline and/or from standardized academic assessment in the child's curriculum]. This basic level of progress is supported by teacher reports, routine assessments of progress, grades, grade-level promotions, and course completion. **- OR -** He/she is making minimally adequate to fair progress in satisfying expectations of an employer. — **4** ☐

- **Borderline Progress.** The child/youth is making limited or inconsistent rates and levels of progress in some key areas [as measured from an earlier performance baseline and/or from standardized academic assessment in the child's curriculum]. This marginal level of progress is supported by teacher reports, routine assessments of progress, grades, grade-level promotions, and course completion. **- OR -** He/she is making limited or inconsistent progress in satisfying expectations of an employer. — **3** ☐

- **No Progress.** The child/youth is making little or no progress in many important areas [as measured from an earlier performance baseline and/or from standardized academic assessment in the child's curriculum]. **- OR -** He/she is not making progress in satisfying expectations of an employer necessary for maintaining employment and making career advancement. — **2** ☐

- **Regression.** The child/youth is regressing in some key areas [as measured from an earlier performance baseline and/or from standardized academic assessment in the child's curriculum]. **- OR -** He/she is having significant problems in satisfying expectations of an employer necessary for maintaining employment. — **1** ☐

- **Not Applicable.** This child is in a highly restrictive or highly specialized treatment setting where school/work progress cannot be appropriately delivered or assessed. **- OR -** The child has not participated in an educational, vocational, or employment situation at a level necessary to expect progress to occur over the past six months. — **NA** ☐

PROGRESS REVIEW 4: RISK REDUCTION

RISK REDUCTION: To what extent has adequate progress, consistent with the child/youth's life circumstances and functional abilities, been made in reduction of specific, targeted risks identified for this child over the past six months?

Due to a combination of life circumstances and/or functional limitations, some children with special needs may be **at greater risk of harm or poor outcomes** than are other children. A history of past harmful events (e.g., confirmed maltreatment, previous suicide attempts, arrest for serious criminal activity) or presence of serious risk factors such as high-risk diagnoses (hemophilia, severe allergic shock, or explosive behavior disorder) or high risk behaviors (e.g., being sexually active with multiple partners without taking precautions, huffing chemical vapors, or binge drinking) that are consistent with severe adverse consequences should be used to identify risks for a child. These identified risks should be targeted for reduction and/or provision of protective supports or actions to mitigate the risk factors and to reduce the likelihood of near-term harm or longer-term negative outcomes. If the child is at elevated risk of harm or at elevated risk of an undesirable outcome (e.g., school drop-out, expulsion, pregnancy, addiction, life-threatening disease, suicide, or arrest), then such risks should be specifically targeted for reduction or mitigation in the individualized treatment or service plan, including the IEP, where appropriate. Identification of risks for a child should be based upon case history, risk factors, recent circumstances, and current patterns. Due diligence in practice requires that clinicians, educators, and other service providers spot and respond to serious risks. Recognized risks should be reduced and potentially harmful events be prevented or managed over time through interventions and supports provided for the child. Not all children present such risks. In a case where diligent review is made and no risks are identified, this exam is deemed not applicable. Application of this indicator to a child being reviewed requires that:

1. The child/youth has been assessed and determined to present significant risks of harm or poor downstream outcomes.

2. Baseline information on the nature, frequency, and severity of the risk factors was taken and is being used for subsequent database comparisons to track the continued presence and possible reduction of risk factors over time.

3. Planned interventions have been delivered for at least the last 90 days or, more likely, over the past six months.

4. Current (within the past 30 days) tracking information (quantitative or anecdotal or both) is available for examination by the reviewer to use as a basis for rating this indicator. [Missing tracking information will be reflected in the rating process.]

The purpose of this review is to determine the degree of progress made in the reduction of risks that pose harm to this child. The reviewer should use the scale provided to report the degree of progress made in risk reduction and/or protective mitigation reported by informants and records in this case. The reviewer should examine change patterns over the past six months [or since the targeted treatment intervention began, if less than six months]. If multiple risks are being mitigated and tracked, the reviewer should focus on the targeted risks that pose the most adverse consequences to the child and others when rating this indicator. If risk reduction or mitigation interventions are being used without data-driven tracking and adjustment, this practice deficit should be reflected, as appropriate to the case circumstances and impact, in the ratings made for assessment, tracking and adjustment, emergency/safety response, and effective results. This indicator does not apply to a child for whom no serious risk factors are being or have been targeted for intervention within the past six months.

Progress Probes for Review Use

1. Have one or more specific risk factors been targeted and mitigated for this child within the past six months? What are they?

2. Was specific baseline data collected on each targeted risk of harm at the time it was selected for intervention and mitigation? Is it available for review?

3. Have targeted and mitigated risks of harm been tracked via data collection over time for this child? With whom has this information been shared?

4. To what degree have targeted risk factors been reduced via planned intervention(s) over the past six months? How does the team use this knowledge?

Facts Used in Rating Status

Note

The reviewer determines and rates any changes occurring in the child's risk status observed over the past 180 days or since admission if less that 180 days.

PROGRESS REVIEW 4: RISK REDUCTION

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child — Rating Level

- **Optimal Risk Reduction. Excellent identification and mitigation** of detected risks over the past six months is evident in this case. Known risks have been and continue to be fully managed and the likelihood of near-term harm or poor downstream outcomes are being minimized for this child. **6** ☐

- **Good Risk Reduction. Good and consistent identification and mitigation** of known risks over the past six months is evident in this case. Commensurate responses (e.g., planned emergency response to a health condition) and mitigation efforts to address detected risks continue to be present at this time for this child. Known risks have been and continue to be generally well managed and the likelihood of harm or poor downstream outcomes is currently low. **5** ☐

- **Fair Risk Reduction. Minimally adequate to fair identification and mitigation** of known risks over the past six months is evident in this case. Responses (e.g., planned emergency response to a health condition) to detected risks appear to be minimally adequate at this time for this child. Known risks have been and continue to be minimally managed and the likelihood of harm or poor downstream outcomes is somewhat reduced. **4** ☐

- **Marginal Risk Reduction.** Identification and mitigation of risks over the past six months may have been **spotty, shallow, or inconsistent**, leading to a somewhat confusing risk management picture. Responses to identified or suspected risks may be off target or not well coordinated. Risks have been and may continue to be managed in a limited or inconsistent manner. Risks of harm or poor downstream outcomes continue to be present at a somewhat lowered level of probability. **3** ☐

- **Poor Risk Reduction.** Identification and/or mitigation of risk over the past six months has been **poor**, e.g., incomplete, conflictual, or questionable. Responses to identified or suspected risks may have been delayed, misdirected, ineffective, or not coordinated. Risks have been misunderstood or may remain undetected. Thus, the likelihood of harm or poor downstream outcomes may remain present at a moderate-to-high level of probability. **2** ☐

- **Adverse Risk Reduction.** Identification and/or mitigation of risks over the past six months **has been and continues to be unacceptable or may be missing**. Responses to identified or suspected risks may have been and remain missing, contrary to good practice, ineffective, or not performed when needed. Risks of harm or poor outcomes for the child may be high and continuing to increase. **1** ☐

- **Not Applicable. No evidence of risk** was revealed after appropriate review of the child and circumstances. This review exam is deemed not applicable to this child at this time. **NA** ☐

PROGRESS REVIEW 5: PROGRESS TOWARD MEANINGFUL RELATIONSHIPS

MEANINGFUL RELATIONSHIPS: • To what degree has this child made adequate progress in developing and maintaining meaningful relationships with family members/caregivers, age peers, and other adult supporters [at home, at school, and in the community] over the past six months?

A child/youth who has special needs (e.g., a serious emotional disability) and/or who may have experienced damaging or disruptive life circumstances (e.g., maltreatment in a birth home resulting in multiple placements in foster homes or treatment facilities) often faces serious difficulties in developing and maintaining meaningful relationships. For this reason, the service team for such a child may target specific goals, interventions, supports, and activities for helping the child to develop positive, enduring relationships with family members, age peers, and other supportive adults (e.g., teacher, coach, mentor, scout leader, tutor, foster parent). To make progress in social integration and relationship development, the child/youth should have access to the same social and extracurricular activities as his/her non-disabled age peers who may be attending the neighborhood school. Such activities include school-sponsored events and other organized activities for recreational or enrichment purposes. A child having greater social challenges may require a mentor, life coach, "big brother," or more intensive or specialized support person for a period of time. The focus of this review is on recent progress made by the child in forming and maintaining meaningful relationships in increasingly socially integrated settings and groups. This review applies to a child/youth for whom treatment goals have been aimed at developing positive and enduring relationships. If the child/youth is not working toward such goals, then this review indicator does not apply. Application of this indicator to a child being reviewed requires that:

1. The child/youth has been engaged in goal-directed efforts to develop and maintain meaningful relationships over the past six months.

2. Information about the child/youth's relationship patterns from six months ago be available for examination by the reviewer. Such information may include self-report of the child as well as statements made by teachers, therapists, court counselors, or parents.

3. Current information about the child/youth's current relationship patterns and social activities be available for examination by the reviewer. Such information may include self-report of the child as well as statements made by others who know the child well.

4. The reviewer be able to determine the expected and actual pace and level of change that has occurred over the past six months. Informant reports gathered via interviews may be relied upon by the reviewer in making a determination and rating for this indicator. [Missing progress information will be reflected in the rating process.]

The purpose of this review is to determine the pace and extent of the child's progress [relative to expectation] made in developing and maintaining meaningful relationships demonstrated in daily settings and social groups over the past six months. The reviewer should gauge expectation levels for the child's progress based on planned goals and on the perspectives offered by the child and others who know the child and his/her situation well. The reviewer should use the scale provided to report the degree of progress made by this child over the past six months. The reviewer should examine and rate the change in the child's relationships over the past six months. *[Note: **Status Review 9: Social Connections and Supports**, focuses on current social status at the time of the review while **Progress Review 5: Progress Toward Meaningful Relationships**, focuses on progress made in relationship building made over the past six months.]*

Progress Probes for Review Use

1. Has this child been engaged in a goal-directed relationship development and maintenance effort over the past six months? If not, why not?

2. What pace and level of relationship development and maintenance progress was expected and accomplished over the past six months?

3. What information is available to support the degree of progress made? How confident are you in the accuracy of this information? How has this information been used by interveners involved with this child and family?

4. To what degree is the progress achieved consistent with expectations?

Facts Used in Rating Status

Note

The reviewer determines and rates any changes occurring in the child's relationships observed over the past 180 days or since admission if less that 180 days.

PROGRESS REVIEW 5: PROGRESS TOWARD MEANINGFUL RELATIONSHIPS

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child — Rating Level

- **Optimal Progress.** The child/youth has made excellent progress over the past six months in developing and maintaining positive relationships with various family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents excellent progress. All of these relationships are being made and experienced in increasingly socially integrated settings and social activities.

6
☐ Family/Caregiver
☐ Peers
☐ Other Adults

- **Good Progress.** The child/youth has made good and substantial progress over the past six months in developing and maintaining positive relationships with various family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents good progress. Many of these relationships are being made and experienced in increasingly socially integrated settings and activities.

5
☐ Family/Caregiver
☐ Peers
☐ Other Adults

- **Fair Progress.** The child/youth has made minimally adequate to fair progress over the past six months in developing and maintaining positive relationships with some family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents minimally adequate to fair progress. Some of these relationships are being made and experienced in increasingly socially integrated settings and social activities.

4
☐ Family/Caregiver
☐ Peers
☐ Other Adults

- **Marginal Progress.** The child/youth has made limited or inconsistent progress in developing and maintaining positive relationships with few family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents limited, inadequate progress. Few of these relationships are being made and experienced in increasingly socially integrated settings and social activities.

3
☐ Family/Caregiver
☐ Peers
☐ Other Adults

- **Poor or No Progress.** The child/youth has made little or no progress in developing and maintaining positive relationships with any family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents a disappointing lack of progress. Possibly, none of these relationships are being made and experienced in increasingly socially integrated settings and social activities.

2
☐ Family/Caregiver
☐ Peers
☐ Other Adults

- **Regression.** The child/youth has lost positive relationships with family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities.

1
☐ Family/Caregiver
☐ Peers
☐ Other Adults

- **Not Applicable.** The child/youth does not have a goal to develop and maintain meaningful relationships in his/her ISP or IEP; therefore, this review is deemed not applicable. **- OR -** The child may be recently and temporarily hospitalized, placed in residential treatment or detention, served through a home-bound arrangement, or assigned to an alternative educational setting for periods greater than 45 days.

NA
☐ Family/Caregiver
☐ Peers
☐ Other Adults

PROGRESS REVIEW 6: YOUTH PROGRESS TO TRANSITION

PROGRESS TO TRANSITION: To what degree: • Has the youth been transitioning toward living safely and functioning successfully independent of agency services over the past six months? • Is the youth gaining and using age-appropriate skills, abilities, and resources to live independently and function successfully without outside supervision, assuming that necessary supports continue after reaching the age of majority?

[This review applies to youth who are 14-21 years of age.] The goal of assisting a youth is to build the capacities necessary to live safely and to function successfully and independently following services. When these capacities are demonstrated and sustained over time, the need for outside supervision has passed. Indicators that the youth is building necessary capacities may include:

- Knowing and using key life skills in solving basic problems related to daily living.
- Taking control of one's needs, issues, and assets and have clear life plans for early adulthood.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Setting and achieving important life goals.
- Finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, child care.
- Establishing and maintaining trusting and supportive relationships among family members and supporters.
- Forming and relying on a sustainable support network independent of agency funding or supervision.

Once the youth has reached adulthood and when effective and sustainable support networks are in place, outside supervision can be safely faded and concluded.

Progress Probes for Review Use

1. Is the youth gaining proficiency in core independent living/life skills necessary for successful community living upon reaching adulthood?
2. Is the youth developing and maintaining sustainable, positive, long-term relationships with others?
3. Is the youth linking with informal supports and resources in the extended family, neighborhood, faith community, and larger community?
4. Is the youth gaining competence in learning, navigating, and relying upon community resources, his/her own social networks of people, his/her own problem-solving abilities, and knowledge of his/her living environment?
5. Is the youth progressing in his/her education, setting career goals, seeking and using employment opportunities, and progressing toward self-sufficiency?
6. Is the youth setting and achieving functional goals and achievable life plans for living independently upon attainment of adulthood?
7. Is the youth finding acceptable ways to meet fundamental living needs (e.g., income, housing, transportation, health care, food, child care)? Is the youth forming and relying on sustainable support networks that are independent of public agencies providing supervision and support?
8. Is the youth garnering a living wage, increasing opportunities for advancement, and developing a career path?
9. Is the youth seeking, securing, and sustaining permanent, affordable, and quality housing?
10. Is the youth making adequate progress toward independence, given the amount of time the youth has remaining under supervision or receiving support services?

Facts Used in Rating Status

Age of the Child or Youth:

- *How old is this child or youth?* _____
- *If this is a child or youth under age 14 years, then this review does not apply at this time.*

PROGRESS REVIEW 6: YOUTH PROGRESS TO TRANSITION

Progress Probes for Review Use	Facts Used in Rating Status
11. Is progress towards independence at a level where supervision can be reduced? Supports faded? Case closed?	

Description and Rating of Current Progress

Description of the Status Situation Observed for the Youth — Rating Level

- **Optimal Progress.** The youth has been making making excellent progress over past six months in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making excellent progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **6** ☐

- **Good Progress.** The youth has been making good and substantial progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making substantial progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **5** ☐

- **Fair Progress.** The youth has been making minimally adequate to fair progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making fair progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **4** ☐

- **Marginal Progress.** The youth has been making limited or inconsistent progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making limited progress in: (1) garnering a living wage;(2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **3** ☐

- **Poor Progress.** The youth has been making little if any meaningful progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making little progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **2** ☐

- **No Progress.** The youth has been making no progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is now progressing toward: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **1** ☐

- **Not Applicable.** The child or youth is under age 14 years; therefore, this progress review does not apply. — **NA** ☐

SECTION 5

PRACTICE PERFORMANCE INDICATORS

PRACTICE REVIEW 1: ENGAGEMENT OF THE CHILD & FAMILY

ENGAGEMENT: • How well are interveners developing and maintaining a mutually beneficial partnership with the child and family that is sustaining their interest in and commitment to an intervention and change process? • To what extent have interveners taken action to form trust-based working relationships with the child and family that is supporting core practice functions? • Are interveners open, receptive, and willing to make adjustments to increase child and family engagement and participation? [Past 90 days]

In addition to providing treatment interventions to bring about important change, effective human services are based on relationships formed between persons in need and others who help them meet those needs. Success in the provision of services often depends on the quality and durability of relationships between those receiving services and those providing the services. This means that active efforts must be undertaken by those involved in the provision of services to reach out to children and families, to engage them meaningfully in all aspects of the service process, to build and maintain rapport and trusting relationships that endure through the course of actions taken, and then to thoughtfully conclude when circumstances require change or the intervention goals are achieved. Engagement strategies are intended to build a mutually beneficial partnership with the child and family that builds and sustains their interest in and commitment to an active treatment or change process until goals for independence are achieved and needs are satisfied.

Engagement strategies used will vary according to the needs of the child and family, will reflect their language and cultural background, and, in some situations, will balance family-centered practice principles with use of protective authority. Best practice teaches that providers should: (1) Approach the family from a position of respect and cooperation. (2) Engage the family around concerns for the health, safety, education, and well-being of the child. (3) Focus on child/family strengths (e.g., culture, traditions, values, and lifestyles) as building blocks for services, with child and family needs as the catalyst for service delivery. (4) Help the family achieve a clear understanding of the needs and risk issues for the child and/or family. (5) Help the family define what it can do for itself and where the child and family need help. (6) Engage the child and family in decision making about the choice of interventions and the reasons why a particular intervention might be effective. It may be necessary for the team to change the meeting time, location, participation, and process to help a family participate. The central focus of this review is placed on the diligence shown by the team in taking actions necessary to engage and build rapport with children and families to overcome barriers to families' participation. Emphasis is placed on direct, ongoing involvement in core service functions: assessment, planning interventions and who the providers will be, monitoring, modifications, and evaluation. Allowance should be made when services are imposed by court order for the child or family rather than being voluntary.

Determine from Informants, Plans, and Records

1. What outreach and engagement strategies are service providers using to build a working partnership with the child and family? Are special accommodations made as necessary to encourage and support participation and partnership?

2. How well engaged are the child and family in the service process at this time?

3. Do the child and family demonstrate enthusiasm about their interactions with service providers? Do they report being treated with dignity and respect? Do they have a trust-based working relationship with those providing services?

4. How are the child and family involved in the ongoing assessment of their needs, circumstances, and progress? Do the child and family routinely participate in the monitoring/modification of the service arrangements?

5. Is the planning and implementation process child/family-centered and responsive to this family's particular cultural values? Do the child and family routinely participate in the evaluation of the progress of the service process?

Facts Used in Rating Performance

NOTE:

Caregiver Status Review 11: Parent Participation in Decisions and Caregiver Status Review 14: Satisfaction with Services/Results may provide useful information to consider when rating Practice Review 1: Engagement of the Child and Family. Remember that engagement focuses on the practice activities that lead to and support an active and effective partnership with the child and family. When these engagement activities are effective, parent participation and satisfaction should be positive.

PRACTICE REVIEW 1: ENGAGEMENT OF THE CHILD & FAMILY

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Engagement Efforts**. Persons involved in the service process, including the family, report that key family members and/or the child's substitute caregiver(s) are full, effective, and ongoing partners in all aspects of assessment, planning services, making service arrangements, selecting providers, monitoring, and evaluating services and results. If age ten or older and capable, the child fully participates in planning goals, deciding on service arrangements, and shaping the service process to support and achieve life ambitions. **- OR -** Excellent outreach efforts are used as necessary to engage difficult-to-reach family members, including scheduling time and location based on family convenience, support with transportation and child care, individualized problem solving, and time spent in whatever setting necessary to build the necessary relationship and rapport. The engagement efforts are made consistently and persistently over time. **6** ☐

- **Good Engagement Efforts**. Persons involved in the service process, including family members, report and the record shows that the team has a strong, respectful partnership with the family and that they actively work to make arrangements so that the family can be full participants. Team members and the family both report that the family is fully engaged and a satisfied member of the team. **- OR -** The team can identify many steps, strategies, and efforts that have been used to increase the family engagement and involvement that have been made over-time. **5** ☐

- **Fair Engagement Efforts**. Persons involved report and service records show that some family members and/or the child's substitute caregiver(s) are usual, ongoing partners in basic aspects of assessment, planning services, making service arrangements, monitoring, and evaluating services and results. If age ten or older and capable, the child sometimes assists in planning goals, deciding on service arrangements, and shaping the service process to support and achieve life ambitions. The family basically supports the change process unfolding for them. **- OR -** Some outreach efforts are used as necessary to engage difficult-to-reach families and that the record shows a goal and efforts by the team to constructively engage the family. **4** ☐

- **Marginal Engagement Efforts**. Some persons involved report that some family members and/or the child's substitute caregiver(s) occasionally participate to a limited degree in service planning and annual evaluation activities. If age ten or older and capable, the child is allowed to participate in planning life goals, deciding on service arrangements, and shaping the service process to support and achieve life ambitions. The child and family may report having a somewhat uncertain or possibly strained relationship with service providers. **- OR -** The family has not been interested either because of dissatisfaction with the system or other reasons. Limited or inadequate outreach efforts have been made in sporadic efforts to engage difficult-to-reach family members. The team members do not know why the family will not engage in the process or have made assumptions that may not be accurate of the actual situation. **3** ☐

- **Poor Engagement Efforts**. Some persons involved report that few family members and/or the child's substitute caregiver(s) ever participate even to a limited degree in service planning and annual evaluation activities. The child and family may report having a poor or possibly conflicted relationship with service providers. **- OR -** No efforts have been made by the team to increase the engagement and participation of the family, though a team member may report that they have made efforts to establish rapport with at least some members of the family. **2** ☐

- **No Engagement Efforts**. Service planning and decision-making activities are conducted at times and places or in ways that prevent or severely limit effective child and family participation. Decisions are made without the knowledge or consent of the parents, the caregivers, or the child. Services may be denied because of failure to show or comply. Appropriate and attractive alternative strategies, supports, and services are not offered. Important information may not be provided to parents or caregivers. Procedural or legal safeguards may be violated. **1** ☐

PRACTICE REVIEW 2: TEAMWORK

• TEAM FORMATION: To what degree: (1) Have the "right people" for this child and family formed a working team that meets, talks, and plans together? (2) Does the team have the skills, family knowledge, and abilities necessary to organize effective services for this child and family, given their level of complexity and their cultural background? • TEAM FUNCTIONING: To what degree: (1) Do members of the family team collectively function as a unified team in planning services and evaluating results? (2) Do the decisions and actions of the team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family as revealed in present results?

This review focuses on the **structure and performance** of the child and family service team in collaborative problem solving, providing effective services, and achieving positive results with the child and family. The team is composed of the case or care manager, family members, interveners, and other persons as identified by the family. Parents/caregivers, professionals, paid service providers faith leaders, and other friends and supporters from the family, school, or neighborhood may comprise a service/support team for the child and family. Broad team representation may be recommended to assure that a **necessary combination** of technical skills, cultural knowledge, and personal interests and contributions are formed and maintained for the child and family. Collectively, the team should have the technical and cultural competence, family knowledge, authority to act in behalf of funders and to commit resources, and ability to flexibly assemble supports and resources in response to specific needs. Members of the team should have the time available to fulfill commitments made to the child/family. Team functioning and decision-making processes should be consistent with the principles of family-centered practice and system of care operations. **Evidence of effective team functioning lies in its performance over time and in the results it achieves for the child and family.** The focus and fit of services, authenticity of relationships and commitments, unity of effort, dependability of service system performance, and connectedness of the child and family to critical resources all derive from the functioning of the family team. Present child status, family participation and perceptions, and achievement of effective results are important indicators about the functionality of the family team and should be taken into account when making this review.

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. Are parents/caregivers partners along with professionals, funders, and others in planning and guiding services? Are persons with similar backgrounds to the family members of the team? Which members did the family invite to participate? Does the family believe that these are the "right people" for them?	
2. Is the family satisfied with the functioning of the team? Can the child or family request a team meeting at any time? Is a trained team facilitator used, if indicated? Do all parties believe that they are fully aware of how the child and family are progressing? Including the child, if age appropriate?	
3. Does the team have a common conceptualization of the needs of the family? Do the goals and objectives set by the team reflect the values of the family?	
4. Do team members commit and ensure dependable delivery of services and resources for the child/family? Are all members of the team kept fully informed of the status of the child and family the implementation of planned services?	
5. Are team decisions coherent in design with efforts unified across all service agencies involved with the child and family? Does the team have and use flexible funding, informal resources, and generic services as appropriate to planned goals and case closure requirements, strategies, and activities?	
6. Do team actions and decisions reveal a pattern of consistent and effective problem solving for this child and family? What are the present results?	

PRACTICE REVIEW 2: TEAMWORK

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family's Family Team — Rating Level

- **Optimal Teamwork.** FORMATION: All of the "right people" for this child and family have formed an excellent working team that meets, talks, and plans together. The team has excellent skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Members of the family team collectively function as a fully unified and consistent team in planning services and evaluating results. Actions of the family team fully reflect an excellent coherent pattern of effective teamwork and fully collaborative problem solving that optimally benefits the child and family. The family is fully involved in the team.

6

☐ Formation
☐ Functioning

- **Good Teamwork.** FORMATION: Most of the "right people" for this child and family have formed a good and dependable working team that meets, talks, and plans together. The team has good and necessary skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Members of the family team generally function as a substantially unified and consistent team in planning services and evaluating results. Actions of the family team consistently reflect a substantially coherent pattern of effective teamwork and generally collaborative problem solving that generally benefits the child and family. The family is fully involved in the team.

5

☐ Formation
☐ Functioning

- **Fair Teamwork.** FORMATION: Some of the "right people" for this child and family have formed a minimally adequate to fair working team that meets, talks, and plans together. The team has minimally adequate to fair skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Members of the family team may function as a somewhat unified and consistent team in planning services and evaluating results. Actions of the family team usually reflect a fairly coherent pattern of effective teamwork and somewhat collaborative problem solving that at least minimally benefits the child and family. The family is fully involved in the team.

4

☐ Formation
☐ Functioning

- **Marginal Teamwork.** FORMATION: Some of the "right people" for this child and family have formed a marginal working group that occasionally meets, talks, and plans together. The group has limited or inconsistently used skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Members may function as a somewhat splintered and inconsistent group in planning services and evaluating results. Actions of the group usually reflect a somewhat incoherent pattern of teamwork and limited collaborative problem solving that seldom benefits the child and family. The family is only marginally involved in the team.

3

☐ Formation
☐ Functioning

- **Poor Teamwork.** FORMATION: Few, if any, of the "right people" for this child and family may seldom meet, talk, and plan together. Persons involved with the family may have few or inconsistently used skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Persons may often function independently of the child/family and/or in isolation of other team members in planning services and evaluating results. Actions reflect a infrequent or rare pattern of teamwork or collaborative problem solving. This situation may limit benefits for the child and family. Family may not be involved in all aspects of the team.

2

☐ Formation
☐ Functioning

- **Absent or Adverse Teamwork. EITHER** there is no evidence of functional team for this child and family with all interveners working independently and in isolation from one another. **- AND/OR -** The actions and decisions made by the group are inappropriate, adverse, and/or antithetical to the guiding principles of family-centered practice and system of care integration and coordination of services across agencies for the child and family.

1

☐ Formation
☐ Functioning

PRACTICE REVIEW 3: ASSESSMENT & UNDERSTANDING

ASSESSMENT & UNDERSTANDING: • To what degree: (1) Is there an understanding of the child and family's strengths, needs, risks, preferences, and underlying issues and what must change for the child to function in normal daily settings and activities and for the family to meet the child's needs within the home? (2) Are the substantial strengths, needs, and risks of the child and family identified through existing assessments, both formal and informal, so that there is a "big picture" understanding to guide intervention? (3) If the child is not living with the family of origin, have the strengths and needs of the current caregiver been identified?

Assessment and understanding is an ongoing process that informs the intervention processes used to bring about necessary change. As appropriate to the situation, a combination of clinical, functional, educational, and informal assessment techniques should be used to determine the strengths, needs, risks, underlying issues, and future goals of the child and family. Once gathered, the information should be analyzed and synthesized to form a functional assessment or "big picture understanding" of the child and family. This view includes the child's strengths, needs, risks, preferences, and daily functioning within the context of current activities and social support networks. Assessment techniques, both formal and informal, should be appropriate for the child's age, ability, culture, embraced faith, language or system of communication, and social ecology. New assessments should be performed promptly when planned goals are met, when emergent needs or problems arise, or when changes are necessary. Continuing assessments and understandings should stimulate and direct modifications in strategies, services, and supports for the child and family. Recent monitoring and evaluation results should be used to update the big picture view of the child and family situation. This provides a common understanding for unifying efforts, planning joint strategies, sharing resources, finding what works, and achieving a good mix and match of supports and services for the child and family. Maintaining a useful big picture understanding is a dynamic, ongoing process. The focus here is placed on finding what works.

Determine from Interviews, Observations, Plans, and Records

1. How well does the worker and/or team understand this child and family? Does the worker and team know why this case is open? What it will take to reach independence and case closure? What is working or not working now or in the recent past for this child and family?

   - How well are the strengths, needs, risks, and preferences of the child and caregiver know and understood by those involved (team)?
   - How well does the team understand what may required for: (1) situational stability, (2) safety, (3) skills and behaviors for daily functioning in essential life activities and roles, (4) concurrent alternatives to permanency, (5) sustainable supports, (6) resiliency/coping for children, (7) recovery/relapse prevention for older youth and adults, (8) independence from system involvement, (9) successful transitions and life adjustments, (10) permanency, and (11) successful case closure?

2. How well are child and family stressors recognized? How are these matters understood within the context and culture of this child and family?

   - Earlier life traumas and disruptions
   - Risks of harm, abuse, or neglect
   - Co-occurring disabling conditions
   - Problems of attachment and bonding
   - Learning problems affecting school performance
   - Developmental delays or disabilities
   - Physical and/or behavioral health concerns
   - Recent life transitions and adjustments to new conditions
   - Subsistence challenges of the family
   - Court ordered requirements/constraints
   - Recent tragedy, loss, victimization
   - Extraordinary caregiver burdens

3. What observations, data, formal assessments, or evaluations have been obtained? Are assessments appropriate for this child and family? Are assessments conducted in natural settings and during everyday activities? Have assessment facts been interpreted to form a useful understanding? Is there evidence that assessment is a dynamic, continuous learning process? How has team understanding evolved over the life of the case?

4. Are child and family strengths, needs, risks, and issues understood in a useful manner to support decisions about what works and what to do next?

5. Does the assessment include a long-term view of child and family leading to independence from service system involvement and supports?

6. Do the assessments include the consideration of the youth's history of abuse (physical and/or sexual) and use of any special procedures, such as, seclusion and restraints?

7. Has the youth received an assessment for suicide risk, especially for the following:

   - Youth's diagnosis with depression
   - Impulse control disorder
   - Substance/alcohol abuse
   - Bipolar disorder
   - History of suicidal ideations, plans or attempts
   - During commencement or termination of anti-depressants, new admissions, discharges or change in clinical status

PRACTICE REVIEW 3: ASSESSMENT & UNDERSTANDING

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Assessment and Understanding**. The child and parent's functioning and support systems are comprehensively understood. Knowledge necessary to understand the child and family's strengths, needs, and context is continuously updated and used to keep the big picture understanding current and comprehensive. Present strengths, risks, and underlying needs requiring intervention or supports are fully recognized and understood. Necessary conditions for improved functioning and independence from the system are fully understood and used to select effective change strategies.

6
☐ Child
☐ Family

- **Good Assessment and Understanding.** The child and parent's functioning and support systems are generally understood. Information necessary to understand the child and family's strengths, needs, and context is frequently updated and used to keep the big picture understanding fresh and useful. Present strengths, risks, and underlying needs requiring intervention or supports are substantially recognized and well understood. Necessary conditions for improved functioning and independence from the system are generally understood and used to select promising change strategies.

5
☐ Child
☐ Family

- **Fair Assessment and Understanding.** The child's and parent's functioning and support system are minimally understood. Information necessary to understand the child and family's strengths, needs, and context is periodically updated and used to keep the big picture understanding fairly useful. Some strengths, risks, and underlying needs requiring intervention or supports are minimally recognized and understood. Necessary conditions for improved functioning and independence from the system are somewhat understood and used for some possible change strategies.

4
☐ Child
☐ Family

- **Marginal Assessment and Understanding.** The child and parent's functioning and support system are marginally understood. Information necessary to understand the child and family's strengths, needs, and context is limited and occasionally updated. Present strengths, risks, and underlying needs requiring intervention or supports are partly understood on a limited or inconsistent basis. Necessary changes in behavior or conditions are somewhat interpreted and expressed.

3
☐ Child
☐ Family

- **Poor, Incomplete or Inconsistent Assessment and Understanding.** Knowledge of the child and parent's functioning and support system may be obsolete, erroneous, or inadequate. Information necessary to understand the child and family's strengths, needs, and context is poorly or inconsistently updated. Uncertainties exist about present conditions, risks, and underlying needs requiring intervention or support. Necessary changes in behavior or conditions may be confused or contradictory. Dynamic conditions may be present that could require a fundamental reassessment of the child's and family's situation.

2
☐ Child
☐ Family

- **Absent, Incorrect, or Adverse Assessment and Understanding.** Current assessments used for planned services are absent or incorrect. Some adverse associations between the current situation, the child's bio/psycho/social/educational functioning, and the parent's functioning and support system may have been made. Glaring uncertainties and conflicting opinions exist about things that must be changed for needs and risks to be reduced and the child to function adequately in normal daily settings. A new and complete assessment must be made and used now for this case to move forward.

1
☐ Child
☐ Family

- **Not Applicable.** The birth parents are no longer involved due to TPR or other case circumstances. There is no resource family involved or the child is placed or presently resides in a congregate care setting.

NA
☐ Parent/family

PRACTICE REVIEW 4: OUTCOMES & DISCHARGE REQUIREMENTS

OUTCOMES & DISCHARGE REQUIREMENTS: • To what degree are there stated, shared, and understood outcomes and ending requirements for the child and family that specify demonstrated behavior changes, sustainable supports, resolution of any legal issues, and other accomplishments necessary for child and family independence from the service system, leading to successful transitions and closure? [Current Requirements Guiding Interventions over the Past 90 Days]

How will the child, parent, and interveners together "know when they are done" with the service process? As necessary for the child and family to achieve adequate functioning and independence, a statement of specific outcomes and ending requirements to be achieved is necessary to guide the intervention and change process. This statement frames a long-term vision for change. It defines defines the destination points for the journey of change by framing necessary outcomes and ending requirements for the child/family to function successfully independent of system involvement. **Achieving such outcomes and ending requirements involves intervention processes commensurate in scope and intensity with the range of needs presented by the child and family**. Thus, ending requirements or necessary outcomes for a child and family with extensive needs might include: (1) situational stability, (2) safety/management of risks, (3) skills and behaviors for daily functioning in essential life activities and roles, (4) concurrent alternatives to permanency, (5) sustainable supports, (6) resiliency/coping for children, (7) recovery/relapse prevention for older youth and adults, (8) independence from system involvement, (9) successful transitions and life adjustments, (10) resolution of any outstanding legal issues including permanency, and (11) safe case closure. *As appropriate to the child and family under review*, these specifications may span health/behavioral health care, child welfare, special education, addiction treatment, and juvenile justice services. This implies that interveners together must understand and coordinate their change requirements, strategies and interventions used to achieve necessary results and outcomes for the child and family. Specification of these conditions defines what must be achieved for the child and family function adequately and to exit the system safely and successfully. These are the specific outcomes and ending requirements used for the child and family to guide intervention strategies, supports, and services toward their accomplishment.

This review focuses on the specification and use of necessary outcomes and ending requirements that must be attained by the child and family (birth, adoptive, or guardianship) to achieve stability, adequate functioning, permanency, and other outcomes necessary for the service process to be closed with confidence that necessary behaviors and conditions will be sustained following closure. Specification of conditions for independence applies to a youth in independent living who will be leaving the service system upon reaching the age of majority. Once these change requirements are stated, finding ways and means to their achievement is the subject of planning. Planning efforts by the team helps in the selection of strategies for making changes and the actions necessary for carrying out the change strategies.

Determine from Interviews, Observations, Plans, and Records

1. If this child and/or parent requires treatment for psychiatric or addiction problems, are outcomes for achievement of stability, adequacy of functioning, recovery, and relapse prevention clearly specified and understood by all involved?

2. If this child and family is involved with child protective services and/or juvenile court (probation/parole), have the interveners, working in partnership with the child and family, defined conditions for timely completion court requirements, demonstration of required behavior changes, resolution of outstanding legal requirements or constraints, and any other conditions for achieving family independence? How well does the parent understand these conditions? What is the current change trajectory and prognosis for timely permanency for this child?

3. If appropriate, is there a concurrent plan that is being using in the event that the current parent is unable to meet the agreed-upon conditions for family preservation or reunification? Does the concurrent plan provide appropriate conditions for selection of prospective adoptive parents or guardians, especially for a child having special needs? Does it prepare the parents, caregiver, and child for adoption/guardianship?

4. Where appropriate, is there a connection between conditions for independence and an older youth's developmental and educational trajectory? Is there a guiding view for planning services and staging supports that provides for the youth's transition to independent living, new housing, and adequate income? Does it set change requirements or end-goals aimed at the child's success after making the transitions and life adjustments that will be necessary upon reaching the age of majority?

5. If the youth is age 14 years or older, is there a planned trajectory that guides his/her transition for getting from school to work, to independent/supported living, and to any necessary adult services? What are the conditions necessary for independence from the system that have been set for this youth and used in planning services? Will the youth's current trajectory likely lead to greater independence, social integration, and community participation?

PRACTICE REVIEW 4: OUTCOMES & DISCHARGE REQUIREMENTS

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Specification of Outcomes/Discharge Requirements.** An excellent set of well-reasoned and well-specified ending outcomes and resolution requirements for the child and family is fully known, understood, and supported by all involved. These specifications are diligently used to guide intervention and change. Commensurate with the child and family situation and encompassing all interests involved in the intervention process, the scope and detail of the end outcomes and requirements fully fits the scope and nature of change to be accomplished by the child and family, including satisfaction of any and all court requirements. These outcomes and end requirements are fully reflective of the understood child/family situation and what must change for the intervention process to be concluded successfully. **6** ☐

- **Good Specification of Outcomes/Discharge Requirements.** A good and sufficient set of well-reasoned and well-specified ending outcomes and resolution requirements for the child and family is substantially known, understood, and supported by all involved. These specifications are substantially used to guide intervention and change. Commensurate with the child and family situation and encompassing all interests involved in the intervention process, the scope and detail of the end outcomes and requirements substantially fits the scope and nature of change to be accomplished by the child and family, including satisfaction of any and all court requirements. These outcomes and end requirements are generally reflective of the understood child/family situation and what must change for the intervention process to be concluded successfully. **5** ☐

- **Fair Specification of Outcomes/Discharge Requirements.** A minimally adequate to fair set of ending outcomes and resolution requirements for the child and family is somewhat known, understood, and supported by those involved. These specifications are at least minimally used to guide intervention and change. Somewhat commensurate with the child and family situation and encompassing most interests involved in the intervention process, the scope and detail of the end outcomes and requirements minimally fits the scope and nature of change to be accomplished by the child and family, including satisfaction of any and all court requirements. These outcomes and end requirements are at least minimally reflective of the understood child/family situation and what must change for the intervention process to be concluded successfully. **4** ☐

- **Marginal Specification of Outcomes/Discharge Requirements.** A marginal, somewhat inadequate set of ending outcomes and resolution requirements for the child and family is somewhat known and understood by some of those involved. These specifications are limited and inconsistent in guiding intervention and change. Somewhat inconsistent with the child and family situation and encompassing only some interests involved in the intervention process, the scope and detail of the end outcomes and requirements inadequately fits the scope and nature of change to be accomplished by the child and family, including satisfaction of any and all court requirements. These outcomes and end requirements are limited in their reflection of the understood child/family situation and miss some important aspects of what must change for the intervention process to be concluded successfully. **3** ☐

- **Poor Specification of Outcomes/Discharge Requirements.** A poorly-reasoned, inadequate, or incomplete set of ending outcomes and resolution requirements for the child and family is confusing for those involved. These specifications are insufficient for guiding intervention and change. Major gaps exist in defining outcomes or reflecting important legal requirements that must be resolved before the intervention process can be concluded. **2** ☐

- **Absent, Ambiguous, or Adverse Specification of Outcomes/Discharge Requirements.** There is no common direction, outcome, or requirement to guide services that is accepted and used by those involved in intervention and change processes. The future trajectory is obscure or ambiguous and interveners may be working in isolation with divergent or conflicting intentions. Specifications may not address key outcomes or other requirements that would applied to determine readiness for closure. Conflicting goals and tacit expectations, if implemented, could lead to poor results or possible adverse consequences for the child or family. **1** ☐

PRACTICE REVIEW 5: INTERVENTION PLANNING

PLANNING: • To what degree is child/family-centered, culturally competent, safety focused, evidenced-based, well-reasoned, ongoing planning used in selecting and managing intervention strategies, actions, resources, and schedules that drive child/family change processes forward to attainment of specified outcomes/discharge requirements? [Recent plans - 90 days]

This review focuses on how well key drivers of the child/family intervention and change process are planned and managed by those involved in helping the parent and child make successful life changes leading to independence. As necessary for the child and family to achieve adequate functioning and independence, a specifically arranged combination and sequence of interventions leads to: (1) situational stability, (2) safety, (3) skills and behaviors for daily functioning in essential life activities and roles, (4) concurrent alternatives to permanency, (5) sustainable supports, (6) resiliency/coping for children, (7) recovery/relapse prevention for older youth and adults, (8) independence from system involvement, (9) successful transitions and life adjustments, (10) resolution of legal issues, including permanency, and (11) case closure. The ending outcomes and requirements used for planning defines the destination points for the journey of change by framing the end-states or outcomes necessary for the child/family to function successfully independent of system involvement. For each change to be made by the parent and/or child, one or more intervention strategies are selected to achieve family changes linked to conditions for independence. Persons involved specify the strategies, actions, resources, timelines, and persons who are accountable for helping in the change process in certain written agreements or plans made by participating agencies working with the parent and child. Various agencies participating in and supporting a change process have their respective agreements or plans. [Child welfare has a family change plan aimed at safety, permanency, and well-being. The school may have a plan for special education services. Behavioral health may provide child treatment and adult recovery plans. A given family may have multiple written agreements used to provide change strategies.] **Planning is specific to each change strategy**. A safety or crisis response strategy assigns certain persons in a given setting to perform prescribed protective actions in response to a triggered risk event or condition. A learning strategy provides instruction, reinforced practice, and performance demonstration of skill proficiency in an appropriate setting. A housing strategy provides an actor to assist the family in securing Section-8 housing by making application, securing deposits, and covering moving expenses. The expectation here is that representatives of participating agencies are actively supporting change efforts for the parent or child. Each representative prepares whatever written agreements or plans are required by the agency to support intervention and service efforts being funded by that agency. The focus of review is placed on vitality and intelligence of the planning process, not any single "plan".

Determine from Informants, Plans, and Records

1. What are the specific planned change strategies with and for the parent and child? Which agencies are/should be involved with each of these strategies? Are they evidenced-based practices? Is the provider competent in evidence-based practices, e.g., fidelity assurance, knowledge of contraindications, measurable objectives?

2. Which of the following child/family change areas have strategies for:
   - Providing safety/stability at home?
   - Supporting recovery and relapse prevention?
   - Securing sustainable supports ?
   - Providing concurrent alternatives for permanency?
   - Facilitating behavior change?
   - Staging successful transitions and life adjustments?
   - Meeting requirements or constraints imposed by court order

3. Do planning details offer the following for each change strategy:
   - The service actions to be provided to execute the change strategy?
   - The agency and persons who will be responsible for these service actions?
   - The timelines to be followed in implementation and progress reporting?
   - The authorization of services and resources necessary for implementation?
   - A way of knowing whether the strategy is working or not working?

4. Has the responsible person for representing each participating agency prepared/executed the necessary service agreement/plan with the family? Are goals/strategies aligned across agencies and plans for this child and parent?
5. How well are strategies linked to specific actions for change? How well is coherence and consistency being achieved in the planning process? How well do the combination and sequence of strategies, services, and actions fit the child and family situation, including their language and culture?
6. To what degree is daily practice actually driven by the planned change strategies? Does the planning process have a sense of urgency in working toward successful family independence and timely case closure?
7. Is a treatment/care plan complete and available to all who need to know, including the family? Was the necessary plan/authorizing document developed by each funding agency? Does treatment/care plan coordinate with the strengths and needs assessment?
8. Has special procedure assessments been completed, e.g., level of supervision; suicide risk assessment; critical transition points (admission, discharge, change in status, antidepressant medications); abuse history considered; and restraint/seclusion?

Facts Used in Rating Performance

NOTES:

Remember that strategies and resources of several agencies may have to be aligned and coordinated via planning. These strategies, services, and resources may include those related to:

- *Early intervention to prevent or reduce developmental delays or disabilities of at-risk infants and toddlers;*
- *Specialized rehabilitation, treatment, or training of persons experiencing serious physical and/or developmental disabilities;*
- *Safety, permanency, and well-being of children who have experienced maltreatment;*
- *Reduction of emotional/behavioral symptoms with concurrent improvements in coping skills, recovery, or improvement of daily functioning for persons with psychiatric/behavioral disorders;*
- *Gaining and maintaining sobriety for persons whose substance use is debilitating;*
- *Recovery and relapse prevention supports;*
- *Safety or crisis response in special situations;*
- *Promoting lawful behavior of delinquent youth, payment of restitution, completion of community service, and avoidance of reoffending;*
- *Educational achievement, school completion, and transition to work and adult services.*

PRACTICE REVIEW 5: INTERVENTION PLANNING

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for Applicable Strategy Areas for Intervention — Rating Level

◆ **Optimal Planning.** An excellent, well-reasoned, continuous planning process is being fully used to provide *[as necessary]* for: (a) reduction of psychiatric symptoms or substance use; (b) functional child or parent behavior changes; (c) sustainable family supports; (d) crisis response/safety-supports; (e) recovery and relapse prevention; and/or (f) successful transitions and independence. Planning provides for precise use of change strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving family independence and case closure. Where necessary, strategies may be fully aligned and actions well-integrated across providers and funding sources. Daily practice is being fully driven by the planning process, bringing a great sense of urgency to actions to achieve outcomes and ending requirements.

6

☐ a. Sym/SA reductn
☐ b. Behav. changes
☐ c. Sust. supports
☐ d. Crisis response
☐ e. Recovery/relapse
☐ f. Transition/indep

◆ **Good Planning.** A generally well-reasoned, ongoing planning process is being substantially used to provide *[as necessary]* for: (a) reduction of psychiatric symptoms or substance use; (b) functional child or parent behavior changes; (c) sustainable family supports; (d) crisis response/safety-supports; (e) recovery and relapse prevention; and/or (f) successful transitions and independence. Planning provides for thoughtful use of change strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving family independence and safe case closure. Where necessary, strategies may be substantially aligned with actions generally integrated across providers and funding sources. Daily practice is being substantially driven by the planning process, bringing a good sense of urgency to actions.

5

☐ a. Sym/SA reductn
☐ b. Behav. changes
☐ c. Sust. supports
☐ d. Crisis response
☐ e. Recovery/relapse
☐ f. Transition/indep

◆ **Fair Planning.** A somewhat reasoned, periodic planning process is being at least minimally used to provide for: (a) reduction of psychiatric symptoms or substance use; (b) functional child/parent behavior changes; (c) sustainable family supports; (d) crisis response/safety-supports; (e) recovery and relapse prevention; and/or (f) successful transitions and independence. Planning provides for minimal to fair use of change strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving family independence and safe case closure. Where necessary, strategies may be minimally aligned with actions somewhat integrated across providers and funding sources. Daily practice is being somewhat driven by the planning process, bringing a minimal to fair sense of urgency.

4

☐ a. Sym/SA reductn
☐ b. Behav. changes
☐ c. Sust. supports
☐ d. Crisis response
☐ e. Recovery/relapse
☐ f. Transition/indep

◆ **Marginal Planning.** A marginally reasoned, occasional planning process is being inconsistently used to provide *[as necessary]* for: (a) reduction of psychiatric symptoms or substance use; (b) functional child/parent behavior changes; (c) sustainable family supports; (d) crisis response/safety-supports; (e) recovery and relapse prevention; and/or (f) successful transitions and independence. Planning provides for limited or inconsistent use of change strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving family independence and safe case closure. Where necessary, strategies may be marginally or inconsistently aligned.

3

☐ a. Sym/SA reductn
☐ b. Behav. changes
☐ c. Sust. supports
☐ d. Crisis response
☐ e. Recovery/relapse
☐ f. Transition/indep

◆ **Poor Planning.** A poorly reasoned, inadequate planning process is generally failing to provide *[as necessary]* for: (a) reduction of psychiatric symptoms or substance use; (b) positive child or parent behavior changes; (c) sustainable family supports; (d) crisis response/safety-supports; (e) recovery and relapse prevention; and/or (f) successful transitions and independence. Planning does not provide for adequate use of change strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving family independence and safe case closure. Where necessary, strategies may be not be aligned with actions nor integrated across providers and funding sources. Daily practice is not being driven by the planning process.

2

☐ a. Sym/SA reductn
☐ b. Behav. changes
☐ c. Sust. supports
☐ d. Crisis response
☐ e. Recovery/relapse
☐ f. Transition/indep

◆ **Absent or Misdirected Planning. EITHER:** No clear planning process is operative at this time to provide *[as necessary]* for: (a) reduction of psychiatric symptoms or substance use; (b) positive child or parent behavior changes; (c) sustainable family supports; (d) crisis response/safety-supports;; (e) recovery and relapse prevention; and/or (f) successful transitions and independence. **- OR -** Planning activities are substantially misdirected, conflicting, or insufficient in thought or detail to drive an effective intervention and change process.

1

☐ a. Sym/SA reductn
☐ b. Behav. changes
☐ c. Sust. supports
☐ d. Crisis response
☐ e. Recovery/relapse
☐ f. Transition/indep

◆ **Not Applicable.** One or more planning areas does not apply at this time.

NA

☐ a. Sym/SA reductn ☐ b. Behav. changes ☐ c. Sust. supports
☐ d. Crisis response ☐ e. Recovery/relapse ☐ f. Transition/indep

PRACTICE REVIEW 6: FAMILY SUPPORT

FAMILY SUPPORT: • Are the caregivers in the child's home receiving the training, assistance, and supports necessary for them to perform essential parenting or caregiving functions reliably for this child? • Is the array of in-home supports provided adequate in variety, intensity, dependability, and cultural compatibility to provide for caregiver choices and to enable caregivers to meet the challenging needs of the child while maintaining the stability of the home? [Past 90 days]

Caregivers are persons who provide parenting, assistance, supervision, and physical care for a child or youth in his/her place of residence. Caregivers may include parents, relatives, augmented relationships, foster parents, and care staff in a group home or treatment center. Children with challenging emotional/behavioral needs place much greater demands on the skills of a caregiver and resources of the home than do other children. For this reason, parents and other caregivers may require added training, assistance, periodic relief/respite, and supports in the home to provide for the needs of the child. Often, the long-term stability of the home and the capacity of the caregivers to maintain the home safely with the child/youth present critically depends on the adequacy of caregiver supports provided.

Provision of caregiver supports, in-home services, and respite should enable the caregiver to participate in assessment of needs, selection of providers, and scheduling. Choice making requires that a variety of support providers be available. To be effective and satisfactory, supports should be culturally compatible and of an intensity commensurate with the needs of the child and caregiver. To be adequate, caregiver supports should be accessible when needed, dependable when used, functional for the home, and seen as supportive and helpful by caregivers.

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. Do caregiver supports appear to be needed for this child and caregiver?	
2. Are caregiver supports and/or in-home supports being provided?	
3. Did the caregiver participate in the assessment of support needs?	
4. Are family support services appropriate for the situation, accessible when needed, effective when used, and dependable? Have support services ever been denied to this caregiver for this child? If so, why?	
5. Is the caregiver satisfied with the supports provided?	
6. Have family hardships and disruptions been minimized?	
7. Given these supports, is the caregiver able to meet the needs of the child?	
8. Given these supports, is the caregiver able to maintain the stability of the home and capacity of the family to function adequately over time?	
9. If this child presently is residing in a group home or residential treatment facility, does the direct care staff have the capacity to meet the parenting needs of this child on a daily basis?	

PRACTICE REVIEW 6: FAMILY SUPPORT

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
10. Has special training, assistance, or support been provided for direct care staff serving this child in the group home or residential treatment facility?	
11. Does the caregiver report that current supports are adequate, dependable, and truly supportive of the caregiver in meeting the child's needs?	

NOTE: *The caregiver in the setting where the child presently resides is the object of the rating below.*

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Caregiver — Rating Level

- **Optimal Family Supports.** The caregiver is receiving an **excellent level** of training, assistance, in-home support, and periodic relief necessary for the caregiver to meet fully the needs of the child and maintain the stability of the home. A broad array of supports and services is accessible when needed, dependable in use, and truly supportive in nature. The caregiver chooses all support providers to assure cultural compatibility. — **6** ☐

- **Good Family Supports.** The caregiver is receiving a **good and substantial level** of training, assistance, in-home support, and periodic relief necessary for the caregiver to substantially meet the needs of the child and maintain the stability of the home. A variety of supports and services is accessible when needed, dependable in use, and generally supportive in nature. The caregiver chooses key support providers to assure cultural compatibility. — **5** ☐

- **Fair Acceptable Family Supports.** The caregiver is receiving a **fairly adequate level** of training, assistance, in-home support, and periodic relief necessary for the caregiver to minimally meet the needs of the child and maintain the stability of the home. Basic supports and services are usually accessible when needed, dependable in use, and generally supportive in nature. The caregiver has a limited choice of support providers to assure cultural compatibility. — **4** ☐

- **Marginal Family Supports.** The caregiver is receiving a **limited and inconsistent level** of training, assistance, in-home support, and periodic relief necessary for the caregiver to meet the needs of the child and to maintain the safety and stability of the home. Support services may be somewhat inadequate at times. The caregiver seldom has a choice of support providers. Minor-to-moderate problems may exist in the cultural competence of support providers. — **3** ☐

- **Poor Family Supports.** The caregiver is receiving an **ongoing poor level** of training, assistance, in-home support, and periodic relief necessary for the caregiver. Caregivers may have difficulty in consistently meeting the needs of the child or in maintaining the safety and stability of the home. Supports and services may seldom be accessible when needed, dependable in use, or supportive in nature. The caregiver rarely, if ever, may have a choice of support providers. Substantial problems may exist in the cultural competence of support providers. — **2** ☐

- **Absent or Adverse Family Supports.** The caregiver is receiving **either no supports or a grossly inadequate level** of training, assistance, in-home support, and periodic relief necessary for the caregiver to consistently meet the needs of the child and to maintain the safety and stability of the home. Supports and services may be inappropriate or adverse, causing unnecessary hardship or even harm. The caregiver may have no choice of support providers. Major problems may exist in the cultural competence of support providers. — **1** ☐

- **Examination Does Not Apply.** The **caregiver is fully capable of meeting the needs** of the child and preserving the stability of the home **without additional caregiver supports being provided**. — **NA** ☐

PRACTICE REVIEW 7: CRISIS RESPONSE

CRISIS RESPONSE: • Is there timely access to and provision of effective services to stabilize or resolve emergent or episodic problems of an urgent nature for this child and family?

NOTE: *This review applies only to a child and family who by history have a demonstrated need for this service. [Past 90 days]*

A child or youth who presents dangerous psychiatric symptoms, severe maladaptive behaviors, addiction, or acute episodes of chronic health problems (e.g., seizures, hemophilia, asthma) may require immediate, specific, and possibly intensive services to meet the child's emergent need and to prevent harm from occurring to the child or others in the child's environment. For such children, an urgent response capability is necessary. Providing this capacity requires a health or safety "crisis plan," designed specifically for the child, that can be activated and implemented immediately. A crisis response capability has to be prepared in advance, be made a part of the service plan or other appropriate crisis response or safety plan, and have prepared persons in the child's daily settings to be ready to implement the crisis response plan and a follow-along mechanism that tracks the child through the crisis period. The urgency and significance of an emerging need or problem of the child should be met with a timely and commensurate service response (i.e., emergency within one hour and urgent within 24 hours). The primary concern here is whether children, caregivers, and service workers have timely access to support services necessary to stabilize or resolve emerging problems of an urgent nature. A child living in a home under child protective supervision may require a safety plan to be followed in the event of domestic violence, abandonment by the caregiver, or some other safety problem that has occurred previously in the home. A crisis plan or mobile response call should be evaluated following every use to ensure that its provisions are effective and that persons responsible for its use know and perform key tasks. This review may not apply to some children.

Determine from Informants, Plans, and Records

To determine if this review area should be rated, consider the following matters: Check all that apply. When rating this item ensure that all identified needs are addressed in the Urgent Response Plan. For example, child with behavioral health and chronic health conditions should have plans that reflect responses for both needs

- ☐ **Does the child present severe levels of psychiatric symptoms or behavioral challenges? If so, do these symptoms present cyclically? Can crisis episodes be anticipated? Have mobile response services been used?**
- ☐ **Does the child have a chronic health condition with frequent acute episodes that needs to be taken into account in planning behavioral health services?**
- ☐ **Is this child's home under protective supervision of the child welfare agency?**
- ☐ **Have special risks* and a pattern of urgent needs been identified for this child?**
- ☐ **Are safety plans indicated and provided to manage special situations?**
- ☐ **Have Crisis Response or any other Emergency Services (including 911 services) recently been used for this child?**

1. Does this child have a crisis response/safety plan? If so, how is it designed?
2. Are emergent or urgent response services available when and as needed? Have emergent or urgent response services ever been denied? If so, why?
3. Is there an alert procedure and crisis response plan for this child specified in the treatment plan or other relevant service documents?
4. Are the persons who would send the alert and implement the crisis response plan aware of and ready to fulfill their assigned responsibilities?
5. Have the alert and crisis response processes been used in the past six months for this child or caregiver? If yes, did they work effectively? Were such services timely (within one hour, if an emergency, and within 24 hours, if urgent)?
6. Does the urgent response plan address transitions? Is it linked to the transition plan?

Facts Used in Rating Performance

**Special Risks to Consider:*

- *Recent abuse, trauma, victimization*
- *Recent self-mutilation or self-injury*
- *Recent severe aggression toward others*
- *Conflict or instability in the home*
- *Under FSSA custody or supervision for abuse, neglect, dependency*
- *Recent runaway, school suspension, self-endangering impulsive behavior*
- *Significant external impact event (e.g., loss of a loved one, parental divorce, homelessness)*
- *Limited cognitive abilities, highly vulnerable to victimization or unintentional self-endangerment*

Sucidiality and Self-endangerment for children with depression and bipolar disorders:

- *First six weeks of medication trials of SSRIs and other antidepressants*
- *The first 30 days of new treatment*
- *During the discharge phase of treatment*
- *Significant change/loss in clinical status*

Mobile Response Service Considerations:

- *If mobile response services have been used recently, have calls been made for the same reason? Was respite offered?*
- *Is mobile response being used to avert a problem that could escalate into a serious crisis in order to avoid a crisis?*
- *Have any mobile response teams discovered a high risk crisis occurring at time of arrival? If so, were 911 services called at that time for that child?*

PRACTICE REVIEW 7: CRISIS RESPONSE

Description and Rating of Special Procedures

Description of the Special Procedures Situation Observed for the Child and Family — Rating Level

- **Optimal Crisis Response Capability.** All appropriate persons in the child's daily living, learning, and therapeutic settings are fully prepared and ready to implement the team alert, crisis response, and follow-along provisions of a well-tested and effective urgent response capability for the child. Alert and crisis response processes, if used in the past six months, performed in an excellent, reliable, and effective manner. **6** ☐

- **Good Crisis Response Capability.** Key persons in the child's daily living, learning, and therapeutic settings are generally prepared and ready to implement the team alert, crisis response, and follow-along provisions of the child's urgent response plan. Plan provisions have been successfully tested via simulation or, if used in the past six months, worked reliably and acceptably well. **5** ☐

- **Fair Crisis Response Capability.** Key persons in the child's daily living, learning, and therapeutic settings are minimally prepared to implement the team alert, crisis response, and follow-along provisions of the child's urgent response plan. Plan provisions are periodically reviewed with persons responsible for implementation. If used recently, crisis response was at least minimally successful in managing risks and securing necessary services. **4** ☐

- **Marginal Crisis Response Capability.** Some, but not all, of the key persons in the child's daily living, learning, and therapeutic settings are minimally prepared to implement the team alert, crisis response, and follow-along provisions of the child's urgent response plan. **- OR -** Plan provisions are not tested or periodically reviewed with persons responsible for implementation. **- OR -** If used recently, crisis response revealed some minor to moderate problems in managing risks at an acceptable level or in securing necessary crisis services in an acceptable manner. **3** ☐

- **Poor Crisis Response Capability.** Key persons in the child's daily living, learning, and therapeutic settings are not adequately prepared to implement a team alert, crisis response, and follow-along plan necessary for the child. **- OR -** Crisis plan provisions are unrealistic, incomplete, unrehearsed, or untested. **- OR -** If used recently, crisis response revealed substantial problems in managing risks at an acceptable level or in securing crisis services in an acceptable manner. **2** ☐

- **Absent or Adverse Crisis Response Capability.** Key persons in the child's daily living, learning, and therapeutic settings are unprepared or unwilling to implement a team alert, crisis response, and follow-along plan necessary for the child. **- OR -** A crisis plan and response is necessary for this child but currently does not exist (except to call 911). **- OR -** If used recently, the crisis response plan failed to manage risks adequately or to provide crisis supports or services in an acceptable manner. **1** ☐

- **Not Applicable.** The child has no history of psychiatric or medical crises or emergencies within the past year. **NA** ☐

PRACTICE REVIEW 8: RESOURCES

RESOURCES: • Are the supports, services, and resources (both informal and formal) necessary to implement change strategies available when and used as needed for/by the child and family? • Are any flexible supports and unique service arrangements (both informal and formal) necessary to meet individual needs in the child's plans available for use by the child and family on a timely, adequate, and convenient local basis? • Are any unit-based and placement-based resources necessary to meet goals in the child's plans available for use by the child and family on a timely and adequate basis? • Are any unavailable but necessary resources identified?

An array of informal and formal supports and services is necessary to implement the treatment and support strategies planned for the child and family. To respond to unique needs, supports may have to be created or assembled in special arrangements. Such unique and flexible support arrangements wrap services* around a child in his/her home or school setting so as to avoid placement in more restrictive settings away from home and school. Some services may be unit-based (e.g., 6 units of brief therapy) while others may be placement-based (e.g., 90-day treatment program). Supports can range from volunteer reading tutors to after-school supervision, adult mentors, recreational activities, and supported employment. Supports may be voluntarily provided by friends, neighbors, and churches or secured from provider organizations. Professional treatment services may be donated, offered through health care plans, or funded by government agencies. A combination of supports and services may be necessary to support and assist the child and family. For interveners to exercise professional judgment and for the family to exercise choice in the selection of treatment services and supports, an array of appropriate alternatives should be locally available. Such alternatives should present a variety of socially or therapeutically appropriate options that are readily accessible, have power to produce desired results, be available for use as needed, and be culturally compatible with the needs and values of the family. An adequate array of services includes social, health, mental health, educational, vocational, recreational, and organizational services, such as service coordination. An adequate array spans supports and services from all sources that may be needed by the family. Selection of basic supports should begin with informal family network supports and generic community resources available to all citizens. Specialized and tailor-made supports and services should be developed or purchased only when necessary to supplement rather than supplant readily available supports and services of a satisfactory nature. Unavailable resources should be systematically identified to enable the network to meet the need.

Determine from Informants, Plans, and Records

1. Are all obvious and substantial needs matched with appropriate supports and services for this family? Will supports shift from formal to informal over time?
2. Have informal supports been developed or uncovered and used at home and in the community as a part of the service process?
3. Are resources matched to intervention and support strategies addressed in plans?
4. Are these provided within the family's home and community-based, as needed?
5. To what extent are informal resources of the family, extended family, neighborhood, civic clubs, churches, charitable organizations, local businesses, and general public services (e.g., recreation, public library, or transportation) used in providing supports for this family?
6. Is each support provided socially and culturally appropriate for the family?
7. Is the team taking steps to locate or develop or advocate for previously unknown or undeveloped resources? Is the child on a waiting list for services?
8. Did members of the child/family's team have appropriate service options from which to choose when selecting recommended professional services?
9. Did the family have appropriate and preferred options from which to choose when selecting supports and services? Has the child or family been denied services?
10. Is each treatment service therapeutically appropriate for the child and family?
11. Is each service and support readily accessible when needed? If not, what is missing?
12. Were any of the supports and services tailor-made or assembled uniquely for this child or family? Are they sustainable as needed over time?
13. Is the combination of informal and formal supports and services used for this family sufficient for the child and family members to do well?

Facts Used in Rating Performance

**NOTE:*

Use of unique, flexible, multiple service arrangements may be necessary to prevent placement by increasing the range and intensity of services in a child's home or school - OR - to return a child from residential treatment to his/her home and school successfully. Such use may require blending of funding across sources and bending of agency traditions that would limit or prevent success in individual case situations.

If placement is being used or continued when a unique, flexible service arrangement (i.e., "wraparound") would likely be successful in keeping a child in home and school or in returning a child to home and school, then availability of flexible, wraparound resources may be inadequate to meet the child's current needs.

PRACTICE REVIEW 8: RESOURCES

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
14. Is the combination of supports and services used for/by this family dependable and satisfactory from their point of view?	
15. Has the service team taken the steps to identify resource gaps and notify the community?	

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

◆ **Optimal Resources.** An excellent array of supports and services is helping the child and family reach optimal levels of functioning necessary for them to make progress toward outcomes and ending requirements. A highly dependable combination of informal and, where necessary, formal supports and services is available, appropriate, used, and seen as very satisfactory by the family. The array provides a wide range of options that permits use of professional judgment about appropriate treatment interventions and family choice of providers.

6
a. ☐ Unique, flexible arrangements
b. ☐ Unit-/placement-based resources

◆ **Good Resources.** A good and substantial array of supports and services is helping the child and family reach favorable levels of functioning necessary for them to make progress toward outcomes and ending requirements. A usually dependable combination of informal and formal supports and services is available, appropriate, used, and seen as generally satisfactory by the family. The array provides a narrow range of options that permits use of professional judgment and family choice of providers. The service team is taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs.

5
a. ☐ Unique, flexible arrangements
b. ☐ Unit-/placement-based resources

◆ **Fair Resources.** A fair array of supports and services is available to the family to reach minimally acceptable levels of functioning necessary for them to make fair progress toward outcomes and ending requirements. A set of supports and services is usually available, somewhat appropriate, used, and seen as minimally satisfactory by the family. The array provides few options, limiting professional judgment and family choice in the selection of providers. The service team is considering taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs but has not yet taken any steps.

4
a. ☐ Unique, flexible arrangements
b. ☐ Unit-/placement-based resources

◆ **Marginal Resources.** A somewhat limited array of supports and services may not be readily accessible or available to the family. A limited set of supports and services may be inconsistently available and used but may be seen as partially unsatisfactory by the family. The array provides few options, substantially limiting use of professional judgment and family choice in the selection of providers. The service team has not yet considered taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs.

3
a. ☐ Unique, flexible arrangements
b. ☐ Unit-/placement-based resources

◆ **Poor Resources.** A very limited array of supports and services may be inaccessible or inconsistently available to the family. Few supports and services may be available and used. They may be seen as generally unsatisfactory by the family. The array provides very few options, preventing use of professional judgment and family choice in the selection of providers. The service team has not considered taking steps to mobilize additional resources or may not be functioning effectively.

2
a. ☐ Unique, flexible arrangements
b. ☐ Unit-/placement-based resources

◆ **Absent or Adverse Resources.** Few, if any, necessary supports and services are provided at this time. They may not fit the actual needs of the family well and may not be dependable over time. Because informal supports may not be well developed and because local services or funding is limited, any services may be offered on a "take it or leave it" basis. The family may be dissatisfied with or refuse services, and results may present a potential safety risk to family members. The service team may be powerless to alter the service availability situation or the child and family may lack a functioning service team.

1
a. ☐ Unique, flexible arrangements
b. ☐ Unit-/placement-based resources

◆ **Not Applicable.** One category of resources may not be required at this time and, thus, does not apply.

NA
a. ☐ **- or -** b. ☐

PRACTICE REVIEW 9: ADEQUACY OF INTERVENTION

INTERVENTION ADEQUACY: To what degree are the change-related interventions, actions, and resources provided to the child and family of sufficient power (precision, intensity, duration, fidelity, and consistency) required to produce results necessary to achieve and maintain situational stability, symptom/substance use reduction, planned behavioral outcomes, sustainable supports, resiliency/coping and recovery/relapse prevention, successful transitions and independence from system involvement (as appropriate to this child and family)? [Past 90 days]

The purpose of intervention is bringing about successful change processes for a child and family. As necessary for the child and family, a specifically arranged combination and sequence of interventions may lead to: (1) situational stability, (2) reduction of symptoms or substance use, (3) planned behavioral outcomes including adequate daily functioning in normal settings and life activities, (4) sustainable supports, (5) resiliency/coping for children, (6) recovery/relapse prevention for older youth and adults, (7) independence from system supervision, (8) successful transitions, and (9) case closure. The outcomes and end requirements used for planning defines the destination points of the journey of change by framing end-states ("how you will know when you are done") necessary for the child/family to function safely and successfully independent of system intervention or supervision. Driving planned intervention processes successfully to the required outcomes often requires a combination and sequence of informal supports and formal interventions to meet change requirements. Each planned change is driven by one or more specific strategies that must be actioned, resourced, and coordinated in the proper combination, sequence, duration, and intensity to achieve the desired results. The driving forces for specific changes must have power (i.e., appropriate strategy combination, sequence, duration, intensity, continuity, coordination, precision/fidelity in delivery, and demonstration of efficacy in change produced) commensurate with that required to bring about the desired change and to sustain that change over time to reach child/family independence. **T**he central principle and moral imperative of practice is to find what works. The purpose of this review is determining the extent to which the combination of change strategies being used for the focus child and family demonstrates that the power of planned intervention is commensurate with the changes to be made for child and family success. The reviewer should consider the following elements as they combine to form the change process for the child and family:

- **What is required includes use of evidence-based practice strategies and related fidelity criteria or measures applied to ensure adequate implementation for desired effect.**

  — Level of intensity, duration, coordination, and continuity necessary to produce the changes necessary for child and family change with sustained success leading to successful independence from the system, successful transitions, and case closure. This consideration should be based on what is required for successful and sustained change, without regard for any service authorization limitations.

  — Demonstration of progress toward attainment of desired outcomes and ending requirements. Adequacy of intervention power must be considered in light of its effectiveness in driving the change process in the desired direction toward independence, successful transitions, and closure. Lack of expected progress suggests that planned strategies are either the wrong strategies or that the right strategies are under-powered.

Determine from Informants, Plans, and Records

1. What are the specific strategies being used in the change process for this child and family? What is required for precise delivery (for desired effect) for each strategy?
2. Is the level of intensity, duration, coordination, and continuity commensurate with what is required for successful and sustained child/family change? If not, are current service authorization rules or limitations leading to discontinuity or inadequacy of effect? Do the strategies match the changes to be made? If not, what is missing?
3. Are service providers adequately trained, prepared, coordinated, and supervised? Who supervises and approves clinical behavioral health interventions?
4. Are any and all urgent needs met in ways that protect the health and safety of the child or, where necessary, protect others from the child?
5. Are there any change strategies for this child/family that cannot be adequately actioned with precision, resourced, coordinated, or delivered with continuity? If yes, what and why?
6. To what degree is daily practice actually driven by the intervention planning process?

NOTE:

In children's services, the historical approach to family change was to "match service to need." As a result, a caseworker would refer a child or parent to a service without clear definition of the changes to be made or the timetable for their accomplishment. The match of service to need was not precise, too often failing to yield timely, desired results.

In the new era of evidence-based practice, greater precision is required to "match strategy to change." This approach requires that: (1) strategies are precisely matched to changes to be made; (2) interventions are powered appropriately for making and sustaining change; and (3) change is demonstrated to test strategies for effectiveness and for the management of the change process via results-driven decision making.

PRACTICE REVIEW 9: ADEQUACY OF INTERVENTION

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Intervention.** An excellent combination, sequence, and power of current interventions is helping the child and family reach optimal levels of functioning necessary for them to make progress and live together successfully. An excellent combination of informal and, where necessary, formal supports and interventions is provided with excellent precision and with fully commensurate levels of intensity, duration, continuity, and coordination. The power of intervention is fully sufficient to quickly and fully reach or exceed all of the outcomes and ending requirements necessary for this child and family to achieve functional independence, successful transitions, and case closure. — **6** ☐

- **Good Intervention.** A good combination, sequence, and power of current interventions is helping the child and family reach good and substantial levels of functioning necessary for them to make progress and live together successfully. A dependable combination of informal and, where necessary, formal supports and interventions is provided with good precision and with substantially commensurate levels of intensity, duration, continuity, and coordination. The power of intervention is generally sufficient to generally reach most of the outcomes and ending requirements necessary for this child and family to achieve functional independence, successful transitions, and case closure. — **5** ☐

- **Minimally Adequate Intervention.** A fair combination, sequence, and power of current interventions are somewhat helping the child and family reach minimally adequate to fair levels of functioning necessary for them to make progress and live together successfully. A minimally adequate combination of informal and, where necessary, formal supports and interventions is provided with some precision and with at least minimally adequate levels of intensity, duration, continuity, and coordination. The power of intervention is minimally adequate to reach some of the outcomes and ending requirements necessary for this child and family to achieve functional independence, successful transitions, and case closure. — **4** ☐

- **Marginal Intervention.** A somewhat underpowered combination and sequence of current interventions is helping the child and family reach somewhat inadequate or inconsistent levels of functioning necessary for them to make progress and live together successfully. A marginal combination of informal and, where necessary, formal supports and interventions is provided with little precision and somewhat inadequate levels of intensity, duration, continuity, and coordination. The power of intervention is not sufficient to reach some of the most important outcomes and ending requirements necessary for this child and family to achieve functional independence, successful transitions, and case closure. — **3** ☐

- **Poor Intervention.** A very limited combination, sequence, and power of current interventions are not helping the child and family reach levels of functioning necessary for them to make progress and live together successfully. A poor and insufficient combination of informal or formal supports and interventions is provided without precision and without adequate levels of intensity, duration, continuity, and coordination. The power of intervention is not adequate to reach many of the outcomes and ending requirements necessary for this child and family to achieve functional independence, successful transitions, and case closure. — **2** ☐

- **Absent or Adverse Intervention. EITHER:** (1) Currently planned interventions are not implemented; **- OR -** (2) The wrong interventions are being implemented without desired effect and/or with adverse effects; **- OR -** (3) Potentially successful interventions are provided but are underpowered to achieve desired effects. — **1** ☐

PRACTICE REVIEW 10: INTERVENTION TRACKING & ADJUSTMENT

TRACKING AND ADJUSTMENT: • How well are those involved tracking the child's/family's interventions, progress, changing family circumstances, and results for the child and family? • Do they communicate (as appropriate) to discuss treatment fidelity, barriers, and what strategies are/are not working? • Are interventions adjusted in response to progress made, changing needs, and knowledge gained to create a self-correcting intervention process? [Past 90 days]

What's working now for this child and family? Are desired service results being produced? What things need changing? An ongoing tracking and adjustment process should be used to monitor service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. Tracking and adjustments provide the "learning" and "change" processes that make the treatment process "smart" and, ultimately, effective for the child and caregiver.

Intervention strategies, supports, and/or services should be modified when objectives are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. The service coordinator, along with the team for the child and family, should play a central role in tracking and adjusting intervention strategies, services, and supports. Members of the team (including the child and caregiver) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. The frequency and intensity of the tracking and adjustment process should reflect the pace, urgency, and complexity of child needs and case events. This learning and change process is necessary to find what works for the child and caregiver. Learning what works is a continuing process. Getting successful near-term results (that lead to desired outcomes) depends on a "smart" planning and adjustment process.

Determine from Informants, Plans, and Records

1. How often is the status of the child and family monitored/reviewed? How is treatment progress and the child's well-being monitored by the service coordinator and team (e.g., face-to-face contacts, telephone contact, and meetings with the family, child, service providers; reviewing reports from providers)?

2. How is implementation of treatment and service processes being tracked? Is progress or lack of progress being identified and noted?

3. Are detected problems being reported and addressed promptly?

4. Are identified needs and problems being acted on?

5. Is there a clear and consistent pattern of successful adaptive service changes that have been made in response to use of short-term results?

6. Is the intervention process modified as goals are met? Are strategies modified if no progress is observed? If no, why not?

7. Are intervention strategies, supports, and services updated as goals are met? Are necessary plans and service authorizations updated or revised if no progress is observed? If not, why not? How does the service coordinator and team update and modify intervention strategies and necessary documents?

Facts Used in Rating Performance

PRACTICE REVIEW 10: INTERVENTION TRACKING & ADJUSTMENT

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Tracking and Adjustment Process.** Intervention strategies, supports, and services being provided to the child and family are highly responsive and appropriate to changing conditions. Continuous or frequent monitoring, tracking, and communication of child status and service results to the team are occurring. Timely and smart adjustments are being made. Highly successful modifications are based on a rich knowledge of what things are working and not working for the child and family. **6** ☐

- **Good Tracking and Adjustment Process.** Intervention strategies, supports, and services being provided to the child and family are generally responsive to changing conditions. Frequent monitoring (consistent case dynamics), tracking, and communication of child status and service results are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the child and family. **5** ☐

- **Fair Tracking and Adjustment Process.** Intervention strategies, supports, and services being provided to the child and family are minimally responsive to changing conditions. Periodic monitoring, tracking, and communication of child status and service results are occurring. Usually successful adaptations to supports and services are being made. **4** ☐

- **Limited or Inconsistent Tracking and Adjustment Process.** Intervention strategies, supports, and services being provided to the child and family are partially responsive to changing conditions. Occasional monitoring and communication of child status and service results are occurring. Limited or inconsistent adaptations are based on isolated facts of what is happening to the child and family. Their status may be adequate in some areas but unacceptable in others. Mild-to-moderate problems are present. **3** ☐

- **Fragmented or Shallow Tracking and Adjustment Process.** Poor Intervention strategies, supports, and services may be provided to the child and family and may not be responsive to changing conditions. Rare or shallow monitoring, poor communications, and/or an inadequate service team may be unable to function effectively in planning, providing, monitoring, or adapting services. Few sensible modifications may be planned or implemented. Child and family status may be poor in several areas. Serious ongoing problems continue unresolved. **2** ☐

- **Absent, Nonoperative, or Misdirected Tracking and Adjustment Process.** Intervention strategies, supports, and services may be limited, undependable, or conflicting for the child and family. No monitoring or communications may occur and/or an inadequate team (inadequate structure or functioning) may be unable to function effectively in planning, providing, monitoring, or adapting services. Current supports and services may have become non-responsive to the current needs of the child and family. The service process may be "out of control." Child and family status may be generally poor or worsening. Serious and worsening problems persist without adequate attention or effective resolution. **1** ☐

SECTION 6

OVERALL PATTERNS

Overall Child and Family Domain

OVERALL CHILD & FAMILY STATUS SCORING PROCEDURE

There are 15 status indicators to be conducted in the area of Child and Family Domain. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of Child and Family Status is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE CHILD & FAMILY'S CURRENT STATUS ON APPLICABLE INDICATORS. The reviewer must consider the unique issues and context for THIS CHILD & FAMILY to arrive at an overall child and family domain rating. (1) Begin by transferring the rating value for each review item from the protocol exam pages to the summation table below. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) **Give weight to those items judged to be most important at this time for this child and family.** (4) Focusing on those applicable indicators giving them the greatest importance to the child and family at this time, determine an "overall rating" based on your general impression of the child and family's status. (5) Mark the box indicating your overall rating for child and caregiver below. Report this rating value on the roll-up sheet prepared for this child and family.

CHILD & FAMILY INDICATORS

INDICATOR ZONES	IMPROVE	REFINE	MAINTAIN	NA
Living & Well-Being	1 2	3 4	5 6	
1a. Safety: child	☐ ☐	☐ ☐	☐ ☐	
1b. Safety: others	☐ ☐	☐ ☐	☐ ☐	
2a. Stability: home	☐ ☐	☐ ☐	☐ ☐	
2b. Stability: school	☐ ☐	☐ ☐	☐ ☐	☐
3. Permanency	☐ ☐	☐ ☐	☐ ☐	
4. Living arrangement	☐ ☐	☐ ☐	☐ ☐	
5. Health/Physical well-being	☐ ☐	☐ ☐	☐ ☐	
6a. Emotional well-being: home	☐ ☐	☐ ☐	☐ ☐	
6b. Emotional well-being: school	☐ ☐	☐ ☐	☐ ☐	☐
7. Substance use: child/youth	☐ ☐	☐ ☐	☐ ☐	☐
Developing Life Skills				
8. Academic status				
a. Educational placement	☐ ☐	☐ ☐	☐ ☐	
b. School attendance	☐ ☐	☐ ☐	☐ ☐	
c. Instructional engagement	☐ ☐	☐ ☐	☐ ☐	
d. Present performance	☐ ☐	☐ ☐	☐ ☐	
9. Social connection & supports	☐ ☐	☐ ☐	☐ ☐	☐
10a. Lawful behavior: child/youth	☐ ☐	☐ ☐	☐ ☐	☐
10b. Lawful behavior: parent	☐ ☐	☐ ☐	☐ ☐	
OVERALL CHILD STATUS	☐ ☐	☐ ☐	☐ ☐	

INDICATOR ZONES	IMPROVE	REFINE	MAINTAIN	NA
Parent/Caregivers Status Indicators	1 2	3 4	5 6	
11. Caregiver support of the child	☐ ☐	☐ ☐	☐ ☐	
12a. Parenting capacities: present	☐ ☐	☐ ☐	☐ ☐	☐
12b. Parenting capacities: reunify	☐ ☐	☐ ☐	☐ ☐	☐
13. Caregiver participation	☐ ☐	☐ ☐	☐ ☐	
14. Substance use: caregiver	☐ ☐	☐ ☐	☐ ☐	☐
15a. Satisfaction services: child/youth	☐ ☐	☐ ☐	☐ ☐	☐
15b. Satisfaction services: caregiver	☐ ☐	☐ ☐	☐ ☐	☐
OVERALL CAREGIVER STATUS	☐ ☐	☐ ☐	☐ ☐	

OVERALL CHILD PROGRESS PATTERNS

OVERALL CHILD PROGRESS SCORING PROCEDURE

There are six indicators to be conducted in the area of Child Progress. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of Child Progress is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE CHILD'S RECENT CHANGES ON APPLICABLE INDICATORS. Each child's situation is unique and, to assess the overall progress, a reviewer must consider where the child began to where the child is now. One must also recognize that consistently high performance in a domain may not show much change over time but is still a good outcome. (1) Begin by transferring the rating value for each progress review item from the protocol exam pages to the summation table below. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) Give weight to those items judged to be most important at this time for this child. (4) Focusing on those applicable indicators having the greatest importance to the child at this time, determine an "overall rating" based on your general impression of the child's recent progress. (5) Mark the box indicating your overall rating on item #7 below. Report this rating value on the roll-up sheet prepared for this child.

Child Progress

PROGRESS INDICATORS	IMPROVE		REFINE		MAINTAIN		NA
CHANGE OVER TIME	1	2	3	4	5	6	
1a. Symptom reduction	☐	☐	☐	☐	☐	☐	☐
1b. Substance use reduction	☐	☐	☐	☐	☐	☐	☐
2. Improved coping/Self-mgt.	☐	☐	☐	☐	☐	☐	☐
3. School/work progress	☐	☐	☐	☐	☐	☐	☐
4. Risk reduction	☐	☐	☐	☐	☐	☐	☐
5a. Meaningful relationships: family	☐	☐	☐	☐	☐	☐	☐
5b. Meaningful relationships: peers	☐	☐	☐	☐	☐	☐	☐
5c. Meaningful relationships: adults	☐	☐	☐	☐	☐	☐	☐
6. Youth progress to transition	☐	☐	☐	☐	☐	☐	☐
7. OVERALL PROGRESS	☐	☐	☐	☐	☐	☐	

Overall System Performance Domain

OVERALL PRACTICE PERFORMANCE SCORING PROCEDURE

There are 10 indicators in the area of Practice Performance. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of practice performance is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE APPROPRIATE EXECUTION OF PRACTICE FUNCTIONS AND THE DILIGENCE IT SHOWS IN RESPONSE TO THIS CHILD AND FAMILY. Consider the fidelity with which each practice function is carried out and whether the intent of the function is being achieved. Overall, is the system taking the necessary actions to appropriately address the individual factors for this child and family that must be addressed if this child and family are to make progress toward positive outcomes? (1) Begin by transferring the rating value for each progress review item from the protocol exam pages to the summation table below. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) **Give weight to those items judged to be most important at this time for this child and family**. (4) Focusing on those applicable indicators having the greatest importance to the child and family at this time, determine an "overall rating" based on your general impression of the practice performance. (5) Mark the box indicating your overall rating below. Report this rating value on the roll-up sheet prepared for this child and family.

SYSTEM/PRACTICE PERFORMANCE [90-DAY PATTERN]

INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
1. Engagement	☐	☐	☐	☐	☐	☐	
2. Teamwork:							
a. formation	☐	☐	☐	☐	☐	☐	
b. functioning	☐	☐	☐	☐	☐	☐	
3. Assessment & understanding							
a. child	☐	☐	☐	☐	☐	☐	
b. family	☐	☐	☐	☐	☐	☐	☐
4. Outcomes & discharge requir.	☐	☐	☐	☐	☐	☐	
5. Intervention planning							
a. symptom/SA reduction	☐	☐	☐	☐	☐	☐	☐
b. behavior changes	☐	☐	☐	☐	☐	☐	☐
c. sustainable supports	☐	☐	☐	☐	☐	☐	☐
d. crisis response	☐	☐	☐	☐	☐	☐	☐
e. recovery/relapse	☐	☐	☐	☐	☐	☐	☐
f. transitions/independ.	☐	☐	☐	☐	☐	☐	☐
6. Family support	☐	☐	☐	☐	☐	☐	☐
7. Crisis response	☐	☐	☐	☐	☐	☐	☐
8a. Resources							
a. unique/flexible	☐	☐	☐	☐	☐	☐	☐
b. unit-/placement-based	☐	☐	☐	☐	☐	☐	☐
9. Adequacy of intervention	☐	☐	☐	☐	☐	☐	
10. Tracking & adjustment	☐	☐	☐	☐	☐	☐	
OVERALL PRACTICE	☐	☐	☐	☐	☐	☐	

SIX-MONTH FORECAST

ESTIMATING THE TRAJECTORY OF THIS CHILD'S EXPECTED COURSE OF CHANGE

Determination of current child status and service system performance is based on the observed current patterns as they emerge from the recent past. This method provides a factual basis for determination of current child status and service system performance. Forming a six-month forecast is based on predicable future events and informed predictions about the expected course of change over the next six months, grounded on known current status and system performance as well as knowledge of tendency patterns found in case history.

If a case were being reviewed in the last quarter of the school year (April), then the trajectory point for consideration is the first quarter (October) of the next school year. Suppose that the child being reviewed has demonstrated a pattern of serious, complex, and recurrent behavior problems that were just being brought under control in April [Overall Child Status = 4, meaning child status is minimally and temporarily acceptable; a fact]. Suppose that this child got into trouble with the law last summer [a fact] while out of school with no structured summer program [a fact] and inadequate supervision in the home [a fact]. Suppose this child is to be discharged from the residential treatment facility at the end of June [a fact], but has no transition plan for returning to home and school [a fact], no planned summer program to keep the child out of trouble [a fact], continuing problems at home [a fact], and no contact or planning with the neighborhood school expected to admit and serve the child when school begins in August [a fact]. Based on what is now known about this child, what is the probability that the child's status in six months (October) will: (1) Improve from a 4 to a higher level? (2) Stay about the same at level 4? or (3) Decline or deteriorate to a level lower than 4? Given this set of case facts plus the child's tendency patterns described in recent history, most reviewers would make an informed prediction that the case trajectory would be downward and that the child's status is likely to decline or deteriorate. One may "hope" for a different trajectory and a more optimistic situation, but "hope " is not a strategy to change the conditions that are likely to cause a decline. Based on the reviewer's six-month forecast for a case, the reviewer offers practical "next step" recommendations to alter an expected decline or to maintain a currently favorable situation over the next six months.

Based on what is known about this case and what is likely to occur in the near-term future, make an informed prediction of the forecast in this case. Mark the appropriate alternative future statement in the space provided below. The facts that lead the reviewer to this view of case trajectory should be reflected in the reviewer's recommendations. Insert your determination in the appropriate space on the roll-up sheet.

Six-Month Forecast

Based on the child's current status on key indicators, recent progress, the current level of service system performance, and events expected to occur over the next six months, is this child's status expected to improve, remain about the same, or decline or deteriorate in the next six months? (check only one)

- ☐ **Improve status**
- ☐ **Continue—status quo**
- ☐ **Decline/deteriorate**

SECTION 7

REPORTING OUTLINES

Reviewer's Outline for a 10-Minute Oral Case Presentation

Outline Elements	Reviewer's Notes

1. Core Story of the Child and Family (3 minutes)

- Reason for services (Why are we involved with this child and family?
- Goals that focus interventions provided (What are we trying to achieve in the case?)
- Strengths and needs of the child and family
- Services provided and by which agencies

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2. Child and Caregiver Status (3 minutes)

- Overall child and caregiver status finding
- Status rating patterns by "color/action zones"
- Progress made over the past six months
- Problems

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3. System Practice and Performance (3 minutes)

- Overall system performance finding
- Performance rating patterns by "color/action zones"
- What's working now in this case
- What's not working and why
- Six-month forecast

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4. Next Steps (1 minute)

- Important and doable "next steps"
- Any special concerns or follow-up indicated

Total Presentation Time (10 minutes)

Group Questioning of Presenter (3-5 minutes)

Written Case Review Summary

Child/Caregiver Status Summary

Facts about the Child and Family Reviewed

- Agency or Office
- Child's Initials
- Reviewer's Name
- Review Date
- Date of Report
- Child's Placement

Persons Interviewed during this Review

Indicate the number and role (child, caregiver, caseworker, therapist, teacher, etc.) of the persons interviewed.

Facts About the Child and Family [About 100 words]

- Family composition and situation
- Agencies involved and providing services
- Reasons for services
- Services presently needed and received

Child's Current Status [About 250 words]

Describe the current status of the child and family using the status review findings as a basis. If any unfavorable status result puts the child at risk of harm, explain the situation. Mention relevant historical facts that are necessary for an understanding of the child and family's current status. Use a flowing narrative to tell the "story" and make sure that the "story" supports and adequately illuminates the Overall Status rating.

Caregiver's Status [About 100 words]

Because the status of the child often is linked to the status of the family, indicate whether the family is receiving the supports necessary to adequately meet the needs of the child and maintain the integrity of the home.

Factors Contributing to Favorable Status
[About 100 words]

Where status is positive, indicate the contributions that child resiliency, family capacities, and uses of natural supports and generic community services made to the results.

Factors Contributing to Unfavorable Status
[About 100 words]

Describe what local conditions seem to be contributing to the current status and how the child may be adversely affected now or in the near-term future, if status is not improved.

System Performance Appraisal Summary

Describe the current performance of the service system for this child and family using a concise narrative form. Mention any historical facts or local circumstances that are necessary for understanding the situation.

What's Working Now
[About 250 words]

Identify and describe which service system functions are now working adequately for this child and family. Briefly explain the factors that are contributing to the current success of these system functions.

What's Not Working Now and Why
[About 150 words]

Identify and describe any service system functions that are <u>not</u> working adequately for this child and family. Briefly explain the problems that appear to be related to the current failure of these functions.

Six-Month Forecast/Stability of Findings
[About 75 words]

Based on the current service system performance found for this child, is the child's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur over this time period. Explain your answer.

Practical Steps to Sustain Success and Overcome Current Problems
[About 75 words]

Suggest several practical "next steps" that could be taken to sustain and improve successful practice activities over the next six months. Suggest practical steps that could be taken to overcome current problems and to improve poor practices and local working conditions for this child and family in the next 90 days.

Report Length

The summary should not exceed two-to-four typed pages, depending on the complexity of the case and the extent of supports and services being provided by various agencies.

SECTION 8

APPENDICES

GENERAL CASE INFORMATION

Child's Name, Last Name First	Date of Birth	Age	Gender	Race/Ethnicity
	___/ ___/ ___		☐ Boy ☐ Girl	

Child's Home and Parent/Primary Caregiver

Child's Present Home Address and Phone Number	Child's Usual Home Address, if different from Present
Address: Phone:	Address: Phone:

Child's Parent or Present Primary Caregiver	Child's Usual Caregiver, if different from Present
Relationship to child:	Relationship to child:

Child's School and Teacher

Child's Present School	Child's Usual School, if different from Present
Name: Address: Phone:	Name: Address: Phone:

Child's Present Classroom or Home Room Teacher	Child's Usual Classroom or Home Room Teacher
Person's Title:	Person's Title:

Child's Current Placement Situations

Type of Present Home Placement: check only one

- ☐ Family bio./adopt. home
- ☐ Kinship/relative home
- ☐ Foster home
- ☐ Therapeutic foster home
- ☐ Shelter care
- ☐ Group home
- ☐ Other: _____
- ☐ Independent living
- ☐ Detention
- ☐ Hospital/MHI
- ☐ Psychiatric residential treatment facility
- ☐ Juvenile institution
- ☐ Adult correction facility

Type of Present Educational Placement: check only one

- ☐ Regular K-12 education
- ☐ Full inclusion
- ☐ Part-time special education
- ☐ Self-cont. special education
- ☐ Adult basic/GED
- ☐ Alternative education
- ☐ Home schooled
- ☐ Other: _____
- ☐ Vocational education
- ☐ Expelled
- ☐ Suspended
- ☐ Day treatment program
- ☐ Supported work
- ☐ Completed/graduated
- ☐ Dropped out

GENERAL CASE INFORMATION

Program Participation and Anticipated Transitions

Program Involvement: check all that apply

Educational Programs

- ☐ Regular Education
- ☐ Early Intervention (IDEA, C)
- ☐ Special Education (IDEA, B)
- ☐ Section 504 (special accom.)
- ☐ Student Asst. Program
- ☐ ESL/Limited English Prof.
- ☐ Primary School Prevention
- ☐ Drop-Out Prevention
- ☐ Remediation/Tutoring
- ☐ Teen Parent Program

Other Agency Involvement

- ☐ Child Protective Services
- ☐ Foster Care Services
- ☐ Mental Health Services
- ☐ Juvenile Justice Services
- ☐ Developmental Disabilities
- ☐ Public Health Nursing
- ☐ Voc. Rehabilitation
- ☐ Corrections/Probation
- ☐ Other: _____

Transitions being Addressed: check all that apply

- ☐ Acute to residential treatment ☐ CIU
- ☐ Next grade level - new school ☐ Part-time to full inclusion
- ☐ Full-time to part-time sp. ed. ☐ Return from suspension.
- ☐ To/from: day treatment ☐ Return from expulsion
- ☐ Return from extended physical illness/hospitalization
- ☐ Return to school from homebound services
- ☐ Return from a detention center or a juv. justice program
- ☐ Change in caregiver or home placement
- ☐ School-to-work transitional supports and services
- ☐ Transition to independent living and/or adult services
- ☐ Other: _____

Diagnosed Conditions and Special Needs

Diagnosed Conditions Requiring Services or Treatment

Co-Occurring Conditions *(check all that apply)*:

- ☐ Mood Disorder
- ☐ Anxiety Disorder
- ☐ PTSD/Adjustment to Trauma
- ☐ Thought Disorder/Psychosis
- ☐ ADD/ADHD
- ☐ Substance Abuse/Dependence
- ☐ Learning Disorder
- ☐ Communication Disorder
- ☐ Autism
- ☐ Medical Problem: _____
- ☐ Disruptive Behavior Disorder (CD, ODD)
- ☐ Mental Retardation:
  - ☐ mild ☐ severe
  - ☐ moderate ☐ profound
- ☐ Anger control
- ☐ Other Disability/Disorder: _____
- ☐ Other: _____

Health Related:

- ☐ Asthma
- ☐ Seizure disorder
- ☐ Diabetes - insulin depend.
- ☐ Chronic illness: _____

Sensory/Communication:

- ☐ Hearing impairment
- ☐ Vision impairment
- ☐ Communication disorder

Treating Behavioral Health Diagnoses and Medications

DSM-IV Axis I Diagnoses Used for Treatment	Psychotropic and Anti-Seizure Medications
Code #: ____ - Name: _____	Medication: _____ Purpose: _____
Code #: ____ - Name: _____	Medication: _____ Purpose: _____
Code #: ____ - Name: _____	Medication: _____ Purpose: _____

CHILD'S EDUCATIONAL AND TREATMENT SITUATION

Status Indicators of Interest	Status at Admission or 6 Months Ago	Current Status/Recent Changes
1. School attendance pattern.		
2. Classroom/participation in instruction.		
3. Completion of lessons and assignments.		
4. Grades in core academic subjects.		
5. Reading level compared to grade level.		Present grade placement:_____ Present reading level: _____
6. Credit toward graduation.		
7. Vocational/employment preparation.		
8. Discipline problems.		
9. Participation in extracurricular activities.		
10. Progress made on service plan objectives for this child: behavioral interventions, treatment, accommodations, IEP strategies and services, etc.		

Special Procedures Applied to This Child

Special Procedure used in Past 30 days *(check all that apply)*

- ☐ Voluntary time out
- ☐ Loss of privileges via a point & level system
- ☐ Disciplinary consequences for rule violation
- ☐ Room restriction
- ☐ Exclusionary time out
- ☐ Seclusion/locked room
- ☐ Take-down procedure
- ☐ Physical restraint (hold, 4-point, cuffs)
- ☐ Emergency medications
- ☐ Medical restraint
- ☐ 911 emergency call: EMS
- ☐ 911 emergency call: police
- ☐ NONE
- ☐ Other: _____

RESIDENTIAL BEHAVIORAL HEALTH SERVICES RECEIVED BY THIS CHILD

Key Service Activities	Noteworthy Details
Admission Explain why and by whom this child was admitted. Where was the child admitted from? Was the child court ordered/DCS guardianship? How many prior admissions has this child had for acute or residential treatment services? Is the child under DOC supervision or involved in a re-entry program?	
Service Planning Explain how present supports and services were planned in terms of what information was relied upon, who participated, how supports and services were determined to be necessary, and how conditions for discharge and transitions were planned.	
Service Implementation Explain how implementation of behavioral health services is going in terms of what services are provided, where and by whom, and with what frequency and intensity. If other related services are provided, indicate how those services are coordinated. Does provider participate in Child/Family Team?	
Service Results/Progress Made Indicate how and by whom results of services are determined. Describe present results related to the reasons for which the child was admitted for services. Indicate progress made toward the reduction of symptoms and functional progress made toward daily living skills, literacy, and transition to school or work and home, as appropriate to age and situation.	
Tracking and Adaptation Explain how and when the tracking of child status, implementation of services, review of results, and modification of strategies and services based on results are performed for this child. How are parents involved in these processes? Are services provided timely and effective?	
Care Coordination/Transition Explain how care coordination is arranging transition to school or work, home, and community living following discharge.	

CHILD ISSUES FOR CHILDREN IN RESIDENTIAL SETTINGS

Child Status and Behavioral Health Service Situation	Flag and Note Relevant Findings
Matters for Review and Consideration	√
1. Child has been at this facility for more than 90 days.	☐
2. Child previously has been placed in a hospital or residential treatment facility.	☐
3. Child qualifies for special accommodations or education under Section 504 or IDEA.	☐
4. Child lacks an updated IEP or modified plan at the facility that is being implemented.	☐
5. Child is "stuck" at the facility due to a court order or administrative problem.	☐
6. Child has experienced abuse, neglect, or domestic violence at home or been relocated due to a disaster.	☐
7. Child has no permanent living arrangement to go/return to after discharge.	☐
8. Child has a chronic condition (e.g., mental retardation) or illness (e.g., diabetes).	☐
9. Child needs vocational training, work experience, independent living services.	☐
10. Child abuses alcohol or substances and needs substance abuse treatment.	☐
11. Child lives in environment where substances are used/abused.	☐
12. Child has friends in gangs or is involved with juvenile justice.	☐
13. Child has a history of suicide attempts.	☐
Child Behaviors that Interfere with Learning and Schooling	√
1. Has serious academic/learning problems associated with a diagnosed disability.	☐
2. Cannot sit still or remain on task.	☐
3. Has disruptive classroom behaviors or is uncooperative or defiant.	☐
4. Displays aggressive behavior, outbursts, or tantrums.	☐
5. Engages in truancy, tardiness, or running away from school or home.	☐
6. Presents socially offensive behaviors that interfere with social participation.	☐
7. Withdraws from or becomes inattentive to routine daily activities (school and home).	☐
8. Presents unusual, repetitious, stereotypical, or bizarre behavior patterns.	☐

CIRCUMSTANCES THAT MAY REQUIRE MONITORING, SUPPORTS, OR SERVICES

Possible Circumstances of Concern	Note Circumstances as reported by Informants or Records
Child's Life Situation	√
1. Abuse and/or disaster victim with post-traumatic stress.	☐
2. Experiences domestic violence in home.	☐
3. Has no permanent home.	☐
4. Has a chronic illness requiring care.	☐
5. Has a developmental delay/disability.	☐
6. Lives in a single parent home.	☐
7. Lacks adequate adult supervision.	☐
8. Lacks adequate nutrition.	☐
9. Lacks adequate hygiene.	☐
10. Lacks access to health or dental care.	☐
11. Is sexually active.	☐
12. Is pregnant or a teen parent.	☐
13. Is socially isolated do to ethnic background.	☐
14. Speaks English as a second language.	☐
15. Lacks social or recreational opportunities.	☐
Behavioral Concerns	
1. Suicidal gestures	☐
2. Self mutilation	☐
3. Abuses substances.	☐
4. Hurtful to others or animals.	☐
5. Destroys property.	☐
6. Disruptive behaviors.	☐
7. Unusual or repetitive habits.	☐
8. Socially offensive behaviors.	☐
9. Withdrawal or inattentive behaviors.	☐
10. Uncooperative behaviors.	☐

FAMILY STRENGTHS, CAPACITIES, AND ASSETS TO BUILD UPON

For Child's Family/Caregiver	Check and Note Circumstances as reported by Informants or Found in Records
Caregivers/Parents	√
1. Caregivers/parents have a long-term relationship.	☐
2. Caregivers recognize need to set limits.	☐
3. Caregivers use appropriate discipline.	☐
4. Caregivers have nurturing interactions and relationships with children.	☐
5. Caregivers express interest in getting help, where needed.	☐
6. Caregivers acknowledge any parenting problems related to maltreatment.	☐
7. Caregivers have a vision of something better for the family.	☐
8. Caregivers share child care responsibility.	☐
9. Caregivers/parents demonstrate constructive family problem solving.	☐
10. Caregivers have identified support system.	☐
Family Members	
11. Family members are physically healthy.	☐
12. Extended family is near and supportive.	☐
13. Faith community supports family.	☐
14. Family has friends and neighbors.	☐
15. Family has advocates.	☐
16. Family members are mentally healthy.	☐
17. Children have an unconditionally caring adult who sees them daily or often.	☐
Family Living Situation	
18. Family home is in good repair.	☐
19. Home is adequate in size for family.	☐
20. Family has adequate transportation.	☐
21. Adults completed high school/GED.	☐
22. One or more adults employed.	☐
23. Family has income above poverty level.	☐
24. Family has private health insurance.	☐

COMMUNITY SERVICE PLANNING AND DELIVERY PROCESSES

Key Service Activities	Noteworthy Details	
Identification of Special Needs Explain how this child was identified for services. • Who recognized the need and requested assistance? • How much time passed from the request to the receipt of services? • What systems are involved?		**Time lapsed from referral to services received.** ☐ 1-10 days ☐ 11-20 days ☐ 21-40 days ☐ 41-60 days ☐ 61 + days
Support/Service Planning Explain how present supports and services were planned in terms of what information was relied upon, who participated, how supports and services were determined to be necessary, and how resources were identified for implementing the plans.		
Service Implementation Explain how implementation of supports and services is going in terms of what services are provided, where and by whom, and with what frequency and intensity. If other related services are provided, indicate how those services are coordinated.		
Service Results/Progress Made Indicate how and by whom results of services are determined. Describe present results related to the reasons for which the child is provided services. Indicate progress made toward the reduction of risks and progress made toward literacy, graduation, and transition to work, as appropriate to age and situation.		
Tracking and Adaptation Explain how and when the tracking of present status, implementation of services, review of results, and modification of strategies and services based on results are performed for this child. How are parents involved in these processes? Are services provided timely and effective?		

FORMAL SERVICES FOR THE CHILD AND FAMILY

	Type of Service	Child/Youth		Family/Caregiver	
		Needed/Received	Needed/Not Received	Needed/Received	Needed/Not Received
1.	Early intervention services (0-5)	☐	☐	☐	☐
2.	Foster Care	☐	☐	☐	☐
3.	Diagnosis and assessment	☐	☐	☐	☐
4.	Service planning	☐	☐	☐	☐
5.	Consultation	☐	☐	☐	☐
6.	Special education instruction	☐	☐	☐	☐
7.	Homebound services	☐	☐	☐	☐
8.	Alternative education services	☐	☐	☐	☐
9.	Transition services	☐	☐	☐	☐
10.	Teen moms/parent	☐	☐	☐	☐
11.	Life skills training	☐	☐	☐	☐
12.	Independent living training	☐	☐	☐	☐
13.	Vocational training/placement	☐	☐	☐	☐
14.	Substance abuse treatment	☐	☐	☐	☐
15.	Domestic violence	☐	☐	☐	☐
16.	Sexual abuse/offender	☐	☐	☐	☐
17.	Functional behavioral awareness	☐	☐	☐	☐
18.	Academic counseling	☐	☐	☐	☐
19.	Therapeutic counseling: child	☐	☐	☐	☐
20.	Therapeutic counseling: parent	☐	☐	☐	☐
21.	Therapeutic counseling: family	☐	☐	☐	☐
22.	Day treatment program (MH)	☐	☐	☐	☐
23.	Residential treatment program	☐	☐	☐	☐
24.	Crisis stabilization services	☐	☐	☐	☐
25.	Inpatient hospitalization	☐	☐	☐	☐
26.	Medication management services	☐	☐	☐	☐
27.	Parent training and support	☐	☐	☐	☐
28.	Day care/child care	☐	☐	☐	☐
29.	Transportation	☐	☐	☐	☐
30.	Respite care services	☐	☐	☐	☐
31.	Family preservation	☐	☐	☐	☐
32.	In-home supports	☐	☐	☐	☐
33.	Emergency shelter services	☐	☐	☐	☐
34.	DJO/court supervision	☐	☐	☐	☐
35.	Probation/Suspension	☐	☐	☐	☐
36.	High risk intervention	☐	☐	☐	☐
37.	Case management	☐	☐	☐	☐
38.	Therapeutic home/Tx foster home	☐	☐	☐	☐
39.	Intensive (wraparound) support services	☐	☐	☐	☐
40.	Mentor/one-to-one services	☐	☐	☐	☐
41.	Advocacy services	☐	☐	☐	☐
42.	Other: _____	☐	☐	☐	☐
43.	Other: _____	☐	☐	☐	☐

CHILD ASSESSMENT AND LEVEL OF CARE PLANNING CONSIDERATIONS

Matters of Concern	Noteworthy Details
1. Risk of harm: • Indication of suicidal or homicidal thoughts or impulses • Indication of physically or sexually aggressive impulses or actions • Developmentally appropriate ability to maintain physical safety • Level of risk for victimization, abuse, or neglect • Binge or excessive use of alcohol or drugs • Engagement in other high risk behaviors • Binding/purging, bulimia/anorexia	
2. Functional status/level of impairment: • Consistency of age-appropriate developmental daily living activities • Consistency of age-appropriate academic performance • Consistency of age-appropriate social and interpersonal functioning • Consistency of recent gains in functioning	
3. Co-occurring conditions (comorbidity): • Indications of developmental disability • Indications of psychiatric conditions other than the presenting problem • Indications of physical illness or disability • Indications of recent transient, stress-related psychiatric symptoms • Indications of substance use or abuse	
4. Environmental stressors: • Traumatic or enduring disturbing circumstances (e.g., violence, sex abuse) • Recent life transitions or losses of consequence • Transient but significant illness or injury • Expectations of performance at home or school that create discomfort • Disruption of family/social milieu • Danger or threat in home or neighborhood, including domestic violence • Incarceration, foster home placement or re-placement, or extreme poverty • Racial persecution, immigration, social isolation, language barrier	
5. Environmental support factors for return to home: • Family and ordinary community resource adequacy for child's needs • Family/caregiver's willingness and capacity to parent child • Special needs met through involvement in various systems of care • Community resources sufficient to meet child's developmental/social needs	
6. Child resiliency and responsiveness to treatment: • Ability to deal with stressors and use helpful resources • Motivation to participate in and seek benefit from treatment • Previous treatment history and responsiveness to particular treatments • Persistence of symptoms • Speed of functional improvements • Ability to maintain treatment progress • Ability to manage recovery • Developmental pressures and life changes creating sustained turmoil • Pattern of regression	
7. Acceptance and engagement in the treatment process: • Ability to form a trusting and respectful relationship with service providers • Child's awareness and understanding of goals and treatment plan • Acceptance of age-appropriate responsibilities, actions, and consequences • Cooperates in treatment planning and treatment activities • Parental/caregiver support and participation in treatment activities	

Mental Health Assessment

Was a mental health assessment performed for the child? ☐ yes ☐ no

Who received a copy of the mental health assessment?

☐ Parent ☐ Court
☐ Welfare ☐ Education
☐ DOC
☐ Other: _____

Legal Status/Considerations
(circle all that apply)

☐ Probation
☐ Parole
☐ Charges pending
☐ Existing warrants
☐ Referral to diversion program
☐ Enrolled in diversion program
☐ Currently incarcerated
☐ Existing restraining order
☐ History of restraining orders
☐ Civil suits
☐ History of incarceration
☐ Current participation in re-entry program
☐ Guardianship
☐ Current house arrest
☐ Community Corrections
☐ Outpatient Commitment

Full Scale IQ

IQ	Date (use most recent)
_____	____/____/____

CANS
Level of Care:

Date (use most recent)

____/____/____

Level	Recommendation
☐ 0	Outpatient
☐ 1	Supportive Case Management
☐ 2	Intensive Community Based
☐ 3	Therapeutic Foster Care
☐ 4	Residential with Treatment
☐ 5	PTRF
☐ 6	State Operated Facility

REVIEWER'S ASSESSMENT OF THE CHILD'S GENERAL LEVEL OF FUNCTIONING

*Rate the child's most impaired level of general functioning in the **LAST 3 MONTHS** and highest level in the **LAST 30 DAYS** by selecting the lowest level that describes his/her functioning on a hypothetical continuum of health-illness. Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular level of functioning. This scale applies to children age five years and older. Rely on interview results obtained from the caregiver; teacher; service coordinator; service provider; and child, if age ten and older, in rating these two levels. The levels reported below represent the **REVIEWER'S ASSESSMENT**, based on interviews, records, and direct observation, when possible. The reviewer should report level of functioning reported at **HOME** , at **SCHOOL,** and **PRESENT LEVEL ACROSS SETTINGS**.*

Level	Levels of Functioning to be Used by the Reviewer in Determining the Child's General Level of Functioning
10	Superior functioning in all areas (at home, at school, with peers, in the community); involved in a wide range of activities and has many interests (e.g., has hobbies, participates in extracurricular activities, belongs to an organized group such as the Scouts); likable, confident; "everyday" worries never get out of hand; doing well in school; getting along with others; behaving appropriately; no symptoms.
9	Good functioning in all areas: secure in family, in school, and with peers; there may be transient difficulties but "everyday" worries never get out of hand (e.g., mild anxiety about an important exam; occasional "blow-ups" with siblings, parents, or peers).
8	No more than slight impairment in functioning at home, at school, with peers, and in the community; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separation, death, birth of a sibling), but these are brief and interference with functioning is transient; such youth are only minimally disturbing to others and are not considered deviant by those who know them.
7	Some difficulty in a single area, but generally functioning pretty well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or committing petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties that do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the youth well would not consider him/her deviant but those who know him/her well might express concern.
6	Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the youth in other settings.
5	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
4	Major impairment in functioning in several areas and unable to function in one of these areas; i.e., disturbed at home, at school, with peers, or in society at large; e.g., persistent aggression without clear instigation, markedly withdrawn and isolated behavior due to either thought or mood disturbance, suicidal attempts with clear lethal intent; such youth are likely to require special schooling and/or hospitalization (but this alone is not a sufficient criterion for inclusion in this category).
3	Unable to function in almost all areas, e.g., stays at home, in a ward, or in a bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
2	Needs considerable supervision to prevent hurting self or others (e.g., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication (e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor).
1	Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.
0	Not available or not applicable due to young age of the child.

Most Impaired Level - Past 3 Months		**Highest Level - Past 30 Days**		**Present Level - Today**
At Home	At School	At Home	At School	Across All Settings
Level: _____	Level: _____	Level: _____	Level: _____	Overall Level: _____

CASE MANAGER/CARE COORDINATOR INFORMATION

- How long have you been employed with your current agency? _____
- How long have you been in your current position? _____
- How long have you been assigned to this case? _____
- How many caseworkers have been assigned to this case before you (if any)? _____
- How many open cases do you currently have?
- In your perspective, are there any barriers or limitations that prevent you from providing good casework in this case?

Explain:

- List members of CMHC Treatment Team: _____

_____

_____

- How often do you receive clinical supervision? _____

Notes

INDIANA CONSUMER SERVICES REVIEW PROFILE - CHILD

1. GENERAL REVIEW INFORMATION

0. **Record Number:** _____

1. **Child's Name:** _____

2. **County:** _____

Provider: _____

3. **Counselor/Caseworker:** _____

4. **Review Date:** _____/ _____/ _____

5. **Reviewer:** _____

Shadow: _____

6. **Number of persons interviewed:** ☐

2. CURRENT PLACEMENT

7. Child's placement *(check only one item)*

- ☐ Family bio./adopt. home
- ☐ Kinship/relative home
- ☐ Foster home
- ☐ Therapeutic foster home
- ☐ Shelter care
- ☐ Group home
- ☐ Independent living
- ☐ Detention
- ☐ Hospital/MHI
- ☐ Residential treatment facility
- ☐ Psychiatric residential treatment facility
- ☐ Juveile institution
- ☐ Adult correction facility
- ☐ Other: _____

3. CO-OCCURRING CONDITIONS

Identify the co-occurring conditions *(check all that apply)*:

- ☐ Mood Disorder
- ☐ Anxiety Disorder
- ☐ PTSD/Adjustment to Trauma
- ☐ Thought Disorder/Psychosis
- ☐ ADD/ADHD
- ☐ Anger Control
- ☐ Substance Abuse/Dependence
- ☐ Learning Disorder
- ☐ Communication Disorder
- ☐ Autism
- ☐ Disruptive Behavior Disorder (CD, ODD)
- ☐ Mental Retardation: ☐ mild ☐ severe ☐ moderate ☐ profound
- ☐ Medical Problem: _____
- ☐ Other Disability/Disorder: _____
- ☐ Other: _____

4. DEMOGRAPHIC AND SERVICE INFORMATION

22. Child's Age

- ☐ 0 - 4 yrs
- ☐ 5 - 9 yrs
- ☐ 10 - 13 yrs
- ☐ 14 + yrs

23. Child's Gender

- ☐ Male
- ☐ Female

24. Child's Ethnicity

- ☐ Euro-American
- ☐ African-American
- ☐ Latino-American
- ☐ American Indian
- ☐ Asian-American
- ☐ Pacific Is. American
- ☐ Other: _____

25. Case Open

- ☐ 0 - 3 mos.
- ☐ 4 - 6 mos.
- ☐ 7 - 9 mos.
- ☐ 10 - 12 mos.
- ☐ 13 - 18 mos.
- ☐ 19 - 36 mos.
- ☐ 37+ mos.

26. Placement Changes

- ☐ None
- ☐ 1-2 placements
- ☐ 3-5 placements
- ☐ 6-9 placements
- ☐ 10+ placements

27. Full Scale IQ

Score: _____

Date: ____/____/____

27. Referral Source

- ☐ Court ☐ DCS
- ☐ School ☐ Self-referral
- ☐ Primary care physician
- ☐ Other: _____

28. Time Lapsed Referral to Services

- ☐ 1-10 days
- ☐ 11-20 days
- ☐ 21-40 days
- ☐ 41-60 days
- ☐ 61 + days

29. CAN: Date: ____/____/____

- ☐ 0. Outpatient
- ☐ 1. Supportive case management
- ☐ 2. Intensive community based
- ☐ 3. Therapeutic foster care
- ☐ 4. Residential with treatment
- ☐ 5. PTRF
- ☐ 6. State operated facility

5. DEMOGRAPHIC AND SERVICE INFORMATION

30. Educational Placement or Situation: *(check all that apply)*

- ☐ Regular K-12 ed.
- ☐ Full inclusion
- ☐ Part-time sp. ed.
- ☐ Self-cont. sp. ed.
- ☐ Adult basic/GED
- ☐ Alternative ed.
- ☐ Vocational ed.
- ☐ Expelled/suspen.
- ☐ Day treatment program
- ☐ Supported work
- ☐ Completed/graduated
- ☐ Dropped out
- ☐ Other: _____

31. Child's Grade Level and Reading Level: *(insert number in box provided)*

Grade Level Assigned: ☐ **Current Reading Level**: ☐

32. Other Agencies Involved: *(check all that apply)*

- ☐ Child Welfare
- ☐ Mental Health
- ☐ Special Ed
- ☐ Dev. Disabilities
- ☐ Juv. Justice
- ☐ Voc. Rehab.
- ☐ Substance Abuse
- ☐ Other: _____

33. Number of Psychotropic Medications Prescribed: *(check only one item)*

- ☐ No psych meds
- ☐ 1 psych med
- ☐ 2 psych meds
- ☐ 3 psych meds
- ☐ 4 psych meds
- ☐ 5+ psych meds

34. Level of Functioning (CGAF): _____

[See CSR Protocol, page 102 for Children's Global Assessment of Functioning]

35. Was a mental health assessment performed for the child? ☐ yes ☐ no

36. Who received a copy of the mental health assessment? *(check all that apply)*

- ☐ Parent
- ☐ Education
- ☐ Court
- ☐ DOC
- ☐ Welfare
- ☐ Other: _____

Special Procedures Used in Past 30 Days: *(check all that apply)*

- ☐ 37. Voluntary time out
- ☐ 38. Loss of privileges via a point & level system
- ☐ 39. Disciplinary consequences for rule violation
- ☐ 40. Room restriction
- ☐ 41. Exclusionary time out
- ☐ 42. Seclusion/locked room
- ☐ 43. Take-down procedure
- ☐ 44. Physical restraint (hold, 4-point, cuffs)
- ☐ 45. Emergency medications
- ☐ 46. Medical restraints
- ☐ 47. 911 emergency call: EMS
- ☐ 48. 911 emergency call: police
- ☐ 49. NONE
- ☐ 50. Other: _____

51. Residential Placement in past 30 days, if different from current placement: *(check only one)*

- ☐ Family/adoptive home
- ☐ Kinship/relative home
- ☐ Foster home (regular or therapeutic)
- ☐ Private residential facility
- ☐ Group home
- ☐ Residential treatment center
- ☐ Youth services facility
- ☐ Hospital/institution
- ☐ Not applicable
- ☐ Other: _____

6. LENGTH OF STAY IN CURRENT OUT-OF-HOME PLACEMENT

52. Months in Current Out-of-Home Placement: *(check only one item)*

- ☐ 0 - 3 mos.
- ☐ 4 - 6 mos.
- ☐ 7 - 9 mos.
- ☐ 10 - 12 mos.
- ☐ 13 - 18 mos.
- ☐ 19 - 36 mos.
- ☐ 37+ mos.
- ☐ Not applicable

Page 2: Child's Name: _____ Reviewer: _____ Date: ___/ ___/ ___

Indiana Formal Services for the Child and Family

	Type of Service	Child/Youth		Family/Caregiver	
		Needed/Received	Needed/Not Received	Needed/Received	Needed/Not Received
1.	Early intervention services (0-5)	☐	☐	☐	☐
2.	Foster care	☐	☐	☐	☐
3.	Diagnosis and assessment	☐	☐	☐	☐
4.	Service planning	☐	☐	☐	☐
5.	Consultation	☐	☐	☐	☐
6.	Special education instruction	☐	☐	☐	☐
7.	Homebound services	☐	☐	☐	☐
8.	Alternative education services	☐	☐	☐	☐
9.	Transition services	☐	☐	☐	☐
10.	Teen mom/parent	☐	☐	☐	☐
11.	Life skills training	☐	☐	☐	☐
12.	Independent living training	☐	☐	☐	☐
13.	Vocational training/placement	☐	☐	☐	☐
14.	Substance abuse treatment	☐	☐	☐	☐
15.	Domestic violence	☐	☐	☐	☐
16.	Sexual abuse/offender	☐	☐	☐	☐
17.	Functional behavioral awareness	☐	☐	☐	☐
18.	Academic counseling	☐	☐	☐	☐
19.	Therapeutic counseling: child	☐	☐	☐	☐
20.	Therapeutic counseling: parent	☐	☐	☐	☐
21.	Therapeutic counseling: family	☐	☐	☐	☐
22.	Day treatment program (MH)	☐	☐	☐	☐
23.	Residential treatment program	☐	☐	☐	☐
24.	Crisis stabilization services	☐	☐	☐	☐
25.	Inpatient hospitalization	☐	☐	☐	☐
26.	Medication management services	☐	☐	☐	☐
27.	Parent training and support	☐	☐	☐	☐
28.	Day care/child care	☐	☐	☐	☐
29.	Transportation	☐	☐	☐	☐
30.	Respite care services	☐	☐	☐	☐
31.	Family preservation	☐	☐	☐	☐
32.	In-home supports	☐	☐	☐	☐
33.	Emergency shelter services	☐	☐	☐	☐
34.	DJO/court supervision	☐	☐	☐	☐
35.	Probation/suspension	☐	☐	☐	☐
36.	High risk intervention	☐	☐	☐	☐
37.	Case management	☐	☐	☐	☐
38.	Therapeutic home/tx foster home	☐	☐	☐	☐
39.	Intensive (wraparound) support services	☐	☐	☐	☐
40.	Mentor/one-to-one services	☐	☐	☐	☐
41.	Advocacy services	☐	☐	☐	☐
42.	Other: _____	☐	☐	☐	☐
43.	Other: _____	☐	☐	☐	☐

INDIANA CONSUMER SERVICES REVIEW PROFILE - CHILD

Page 3: Child's Name: _____ Reviewer: _____ Date: ___/___/___

7. CHILD & FAMILY INDICATORS (PAST 30 DAYS)

INDICATOR ZONES	IMPROVE	REFINE	MAINTAIN	NA
Living & Well-Being	1 2	3 4	5 6	
1a. Safety: child	☐ ☐	☐ ☐	☐ ☐	
1b. Safety: others	☐ ☐	☐ ☐	☐ ☐	
2a. Stability: home	☐ ☐	☐ ☐	☐ ☐	
2b. Stability: school	☐ ☐	☐ ☐	☐ ☐	☐
3. Permanency	☐ ☐	☐ ☐	☐ ☐	
4. Living arrangement	☐ ☐	☐ ☐	☐ ☐	
5. Health/Physical well-being	☐ ☐	☐ ☐	☐ ☐	
6a. Emotional well-being: home	☐ ☐	☐ ☐	☐ ☐	
6b. Emotional well-being: school	☐ ☐	☐ ☐	☐ ☐	☐
7. Substance use: child/youth	☐ ☐	☐ ☐	☐ ☐	☐
Developing Life Skills				
8. Academic status				
a. Educational placement	☐ ☐	☐ ☐	☐ ☐	
b. School attendance	☐ ☐	☐ ☐	☐ ☐	
c. Instructional engagement	☐ ☐	☐ ☐	☐ ☐	
d. Present performance	☐ ☐	☐ ☐	☐ ☐	
9. Social connection & supports	☐ ☐	☐ ☐	☐ ☐	☐
10a. Lawful behavior: child/youth	☐ ☐	☐ ☐	☐ ☐	☐
10b. Lawful behavior: parent	☐ ☐	☐ ☐	☐ ☐	
OVERALL CHILD STATUS	☐ ☐	☐ ☐	☐ ☐	

INDICATOR ZONES	IMPROVE	REFINE	MAINTAIN	NA
Parent/Caregivers Status	1 2	3 4	5 6	
11. Caregiver support of the child	☐ ☐	☐ ☐	☐ ☐	
12a. Parenting capacities: present	☐ ☐	☐ ☐	☐ ☐	☐
12b. Parenting capacities: reunify	☐ ☐	☐ ☐	☐ ☐	☐
13. Caregiver participation	☐ ☐	☐ ☐	☐ ☐	
14. Substance use: caregiver	☐ ☐	☐ ☐	☐ ☐	☐
15a. Satisfaction services: child/youth	☐ ☐	☐ ☐	☐ ☐	☐
15b. Satisfaction services: caregiver	☐ ☐	☐ ☐	☐ ☐	☐
OVERALL CAREGIVER STATUS	☐ ☐	☐ ☐	☐ ☐	

8. CHILD PROGRESS (PAST 180 DAYS)

PROGRESS INDICATORS	IMPROVE	REFINE	MAINTAIN	NA
CHANGE OVER TIME	1 2	3 4	5 6	
1a. Symptom reduction	☐ ☐	☐ ☐	☐ ☐	☐
1b. Substance use reduction	☐ ☐	☐ ☐	☐ ☐	☐
2. Improved coping/Self-mgt.	☐ ☐	☐ ☐	☐ ☐	☐
3. School/work progress	☐ ☐	☐ ☐	☐ ☐	☐
4. Risk reduction	☐ ☐	☐ ☐	☐ ☐	☐
5a. Meaningful relationships: family	☐ ☐	☐ ☐	☐ ☐	☐
5b. Meaningful relationships: peers	☐ ☐	☐ ☐	☐ ☐	☐
5c. Meaningful relationships: adults	☐ ☐	☐ ☐	☐ ☐	☐
6. Youth progress to transition	☐ ☐	☐ ☐	☐ ☐	☐
7. OVERALL PROGRESS	☐ ☐	☐ ☐	☐ ☐	

9. INDICATORS OF CURRENT PRACTICE PERFORMANCE (PAST 90 DAYS)

INDICATOR ZONES	IMPROVE	REFINE	MAINTAIN	NA
	1 2	3 4	5 6	
1. Engagement	☐ ☐	☐ ☐	☐ ☐	
2. Teamwork				
a. formation	☐ ☐	☐ ☐	☐ ☐	
b. functioning	☐ ☐	☐ ☐	☐ ☐	
3. Assessment & understanding				
a. child	☐ ☐	☐ ☐	☐ ☐	
b. family	☐ ☐	☐ ☐	☐ ☐	☐
4. Outcomes & ending requirements	☐ ☐	☐ ☐	☐ ☐	
5. Intervention planning				
a. symptom/SA reduction	☐ ☐	☐ ☐	☐ ☐	☐
b. behavior changes	☐ ☐	☐ ☐	☐ ☐	☐
c. sustainable supports	☐ ☐	☐ ☐	☐ ☐	☐
d. crisis response	☐ ☐	☐ ☐	☐ ☐	☐
e. recovery/relapse	☐ ☐	☐ ☐	☐ ☐	☐
f. transitions/independ.	☐ ☐	☐ ☐	☐ ☐	☐
6. Family support	☐ ☐	☐ ☐	☐ ☐	☐
7. Crisis response	☐ ☐	☐ ☐	☐ ☐	☐
8a. Resources				
a. unique/flexible	☐ ☐	☐ ☐	☐ ☐	☐
b. unit-/placement-based	☐ ☐	☐ ☐	☐ ☐	☐
9. Adequacy of intervention	☐ ☐	☐ ☐	☐ ☐	
10. Tracking & adjustment	☐ ☐	☐ ☐	☐ ☐	
OVERALL PRACTICE	☐ ☐	☐ ☐	☐ ☐	

10. SIX-MONTH FORECAST (NEXT 180 DAYS)

Based on review findings, over the next six months the child's situation is likely to:

☐ **Improve** ☐ **Continue—status quo** ☐ **Decline/deteriorate**

APPOINTMENTS

APPOINTMENT 1

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 1

APPOINTMENT 2

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 2

APPOINTMENT 3

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 3

APPOINTMENT 4

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 4

APPOINTMENT 5

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 5

Help Resources

Review Team Leader: _____ Phone: _____

Local Contact Person: _____ Phone: _____